



SUMMIT AND PORTAGE DISTRICT SCHOLARSHIP

For sophomore, junior, or senior student or returning R.N. working toward an advanced nursing degree at Hiram College, Kent State University, or The University of Akron

Scholarship Criteria and Application

Scholarship Information:

- The scholarship is available for each academic year.
- The scholarship award is \$1,000 for the year.
- Renewable for a second year through the competitive application process.

Eligibility Criteria:

- Be a sophomore, junior, or senior in a BSN program, or a returning RN working toward an advanced nursing degree, at Hiram College, Kent State University, or The University of Akron.
- Have a permanent residence in Ohio.
- Applicant must carry a minimum cumulative grade point average of 3.0.
- Be enrolled with six (6) credit hours or more.

Application Process: To qualify for consideration the following documents must be submitted along with your application.

- Personal statement explaining the applicant's desire to enter or advance in the profession of nursing (no more than 250 words)
- Official College transcript

Renewal Process: Renewal of the scholarship for a second year is NOT automatic.

- The student must reapply and go through the competitive application process for the new academic year.

Selection Criteria:

- College transcript
- College activities and community services
- Personal statement

Deadline to return completed application is **January 15th** to:

Ohio Nurses Foundation
Attention: Gingy Harshey-Meade, MSN, RN, CAE, NEA-BC
4000 East Main Street
Columbus, Ohio 43213

Scholarship winners will be notified by March 15th of the same year.

Applications received without required documentation will not receive consideration.



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Scholarship Application

Name: _____ Last 4 digits of SS#: _____

Address: _____
Street City State Zip

Home Telephone: _____ (area code) Email Address: _____

Expected date of Graduation: _____ Degree _____ Major _____
Month Year

_____ Hiram College _____ Kent State University _____ The University of Akron

List any clubs or organizations you belong to at your school and any offices you have held or currently hold:

List your participation in any community service activities or organizations and the extent of your involvement.

List all honors and awards—school related and non-school related.

Employment Record – Please attach resume (EMPLOYMENT, POSITION, and DATES OF EMPLOYMENT):

CERTIFICATION All applicants must sign below:

The above information is true and correct to the best of my knowledge. I agree that if I am chosen as a recipient of the ONF Scholarship, the Ohio Nurses Foundation may use my name and information for publicity purposes and also for the purpose of research. I authorize the release of all application materials, including references and transcripts, to members of the scholarship selection committee. In the event that I am awarded a scholarship, this information may be released to the media and my academic transcript may be released to the scholarship sponsor.

Student's Signature: _____ Date: _____

A Guidance Counselor or Nursing Advisor must sign below:

The above and GPA information is true and correct to the best of my knowledge.

Academic Advisor's Signature: _____ Student's GPA _____ Date: _____

Printed Name and Title: _____ Phone Number: _____
(area code)