## NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN)

# NAHN NURSING SCHOLARSHIPS

*Recognizing Excellence in Nursing Students*

**Application Deadline: APRIL 1, 2017**

*Scholarships will be presented at the 2017 NAHN Annual Conference*

Scholarship awards are presented to NAHN members enrolled in accredited LVN/LPN, associate, diploma, baccalaureate, and graduate nursing programs. Selection of recipients is based on need, current academic standing, whether they are United States citizen or permanent resident of the United States and other criteria listed below. Scholarship recipients are a select group of nursing students who demonstrate promise of professional contributions to the nursing profession and who have the potential to act as role models for other aspiring nursing students. The number of scholarships offered each year is dependent upon the amount in the scholarship fund. Please indicate which scholarships you are applying for:

__UHF Scholarship __Children's Mercy pediatric nursing __NurseTim.com graduate scholarship for nursing educators

**Criteria for the Scholarship Awards include:**

- ❑ NAHN scholarship application form completed by the student and submitted by the deadline date.
- ❑ Two (2) Letters of Recommendation from two faculty members outlining the applicant's future professional contribution to the nursing profession and potential to act as a role model for other aspiring nursing students.
- ❑ An essay, 500 words or less (using Times New Roman – 12 font), written by the student that reflects their life growing up (must include who raised them and what type of work they did), qualifications, and potential for leadership in nursing
- ❑ A resume, with education, employment, include earned certificates, awards, community service, special honors, etc.
- ❑ Provide one page spread sheet that includes: a discussion of economic needs; delineates monthly income and expenses; estimates of educational expenses, including any other financial aid for the year received. Include also a copy of most recent W-2 form.
- ❑ An official transcript from applicant's college, university, or Nursing Program.
- ❑ Academic standing (minimum GPA of 3.0 preferred).
- ❑ Verification of membership status in NAHN (must be a NAHN member for at least six months).
- ❑ NAHN members can reapply for scholarships if attaining a higher degree.
- ❑ No acting National Board Members or Awards and Scholarship Committee members are eligible for scholarships
- ❑ Attendance to Scholarship Gala is mandatory for receipt of UHF scholarship award.
- ❑ **Please note:** Do not staple all these documents.

## SCHOLARSHIP APPLICATION SUBMISSION

**ALL SCHOLARSHIP APPLICATION PACKETS MUST BE RECEIVED BY APRIL 1, 2017.**

**A packet with a postmark after the deadline date established by the Committee will not be eligible for consideration. No exceptions or extensions shall be granted.**

The scholarship application packet is to be mailed to the NAHN national office. Note: Letters of recommendation must be in a sealed envelope and must be original letters (not copies).

**Angie Millan, DNP, RN, FAAN**
**CHAIR, AWARDS/SCHOLARSHIP COMMITTEE**
**NATIONAL ASSOCIATION OF HISPANIC NURSES**
**1500 Sunday Dr. Suite 102 Raleigh, NC 27607-5151**

# NAHN NURSING SCHOLARSHIPS FORM

*Recognizing Excellence in Nursing Students*

Please conceal this section on copied applications

**SECTION I – PERSONAL DATA**

**Name:** _____**Date:**_____
Last First Middle

**Mailing Address:**_____
Street Address City State Zip

**Permanent Address:**_____
Street Address City State Zip

**Home Phone:**_____Work Phone:_____E-mail:_____

## Please circle the answers below:

**Gender:** a. Male b. Female

**Ethnic Background:** a. Hispanic b. Non-Hispanic

**Marital Status:** a. Single b. Married c. Divorced d. Widowed e. Other _____

***If Married:***
**Spouse's Name**:_____**Spouse's Occupation:**_____

**Number of dependents other than self or spouse:**_____**Number of Children:**_____**Ages:**_____

**Were you born in the USA?** a. Yes b. No ***If "No",*** **what country?**

How long in the US? _____

**Primary language spoken at home:** a. English b. Spanish c. Bilingual

d. Other (Specify): _____

**Are you a member of NAHN?** a. Yes b. No **When did you join NAHN?**_____

**Name of State Chapter (if applicable)** _____

**How did you hear about NAHN?** _____

**First generation College Student?** a. Yes b. No

**Did you grow up with a one parent family?** a. Yes b. No

**Is this the first time you have applied for a NAHN scholarship?** a. Yes b. No

**If you have applied before, what years:**_____

**Have you ever received a NAHN scholarship?** a. Yes b. No

**If "Yes," Year(s) received:**_____

## SECTION II - FINANCIAL NEED

_____ Provide a one-page spread sheet with a description of economic need that discusses monthly income and expenses and other financial-related information that you wish to include. Include also a copy of most recent W-2 form.

Indicate any other financial aid you currently receive:

_____

_____

Indicate how the scholarship money will be used:

_____

_____

## SECTION III – EDUCATION

**I am currently enrolled in the following program:**
a. LVN/LPN b. ADN c. RN d. BSN e. MSN f. Doctoral

**OR**

**I have been accepted to the following nursing program beginning Fall 2017:**
a. LVN/LPN b. ADN c. RN d. BSN e. MSN

**Area of Study (e.g. pediatrics, cardiology, etc.)** _____

**Name of Nursing School:**_____

**School Address:**_____

**City:**_____**State:**_____**Zip:**_____**Phone:**_____

**Date Entered:**_____**Expected Date of Graduation (Month/Year):**_____

**Grade Point Average (GPA):** Curent : _____Cumulative :_____

**In fall 2017, will you attend school:** a. Full Time b. Part-time c. Year in, School?_____

## SECTION IV-ESSAY

See criteria for your selected scholarship for specific instructions.

**If there is any additional information which you would like the awards committee to consider, include a personal statement below.**

_____

_____

_____

_____

***I ACKNOWLEDGE THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS SCHOLARSHIP APPLICATION FORM IS ACCURATE. ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.***

_____ _____

Applicant Signature Date

**NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN)**

# NAHN NURSING SCHOLARSHIPS FORM

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## APPLICATION CHECK LIST:

- ❑ NAHN scholarship application form with all sections completed by the student and submitted by the deadline date.
- ❑ Two (2) Letters of Recommendation from two faculty members outlining the applicant's future professional contribution to the nursing profession and potential to act as a role model for other aspiring nursing students.
- ❑ An essay, 500 words or less (using Times New Roman – 12 font), written by the student that reflects their life growing up (must include who raised them and what type of work they did), qualifications and potential for leadership in nursing in the Hispanic community.
- ❑ A resume, which includes education, employment, earned certificates, awards, and special honors.
- ❑ Provide estimate of educational expenses, including any other financial aid for the year requested.
- ❑ An official transcript from applicant's college, university, or Nursing Program.
- ❑ Academic standing (minimum GPA of 3.0 preferred).
- ❑ A one-page spread sheet that includes: a discussion of economic needs; delineates monthly income and expenses; estimates of educational expenses, including any other financial aid for the year requested.
- ❑ Please do not staple all these items.
- ❑ Verification of membership status in NAHN (must be a NAHN member for at least six months).
- ❑ No acting National Board Members and Committee members are eligible for scholarships
- ❑ Attendance to Scholarship Gala is mandatory for receipt of scholarship award.
  **Please note: Check will distributed at Gala only.**

**All submitted documentation, including the two letters of recommendation from faculty members, must be mailed to NAHN in a single mailing.**

**INCOMPLETE OR LATE SCHOLARSHIP APPLICATION PACKETS**
**WILL NOT BE REVIEWED – NO EXCEPTIONS**

**ALL MATERIALS MUST BE RECEIVED NO LATER THAN (April 1, 2017).**

**Scholarship application packets with a postmark after the deadline date established by the Committee will not be reviewed.**
**No exceptions or extensions shall be granted.**

**MAIL ALL MATERIALS TO:**
**Angie Millan, DNP, RN, FAAN**
**CHAIR, AWARDS/SCHOLARSHIP COMMITTEE**
**NATIONAL ASSOCIATION OF HISPANIC NURSES**
**1500 Sunday Dr. Suite 102 Raleigh, NC 27607-5151**