

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Dear Applicant:

Thank you for your interest in applying for a Future Nurse Leadership Scholarship. Following is a list of documents required for your scholarship application to be considered and all forms have been included in this packet.

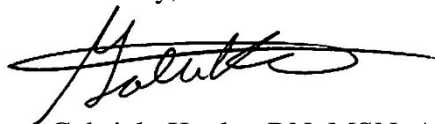
- Completed Application Form
- Personal Narrative
- 2 Letters of Recommendation
- Copy of ACT and/or SAT Scores
- **Current High School Students** must provide copy of Acceptance Letter into an accredited School of Nursing BSN Program
- **Current High School Students** must provide copy of High School Transcript
- **Current BSN Nursing Students** must provide copy of *unofficial* College Transcript

Scan completed application along with all required documents as PDF to:

scholarship@vnahg.org not later than Tuesday, April 2, 2019.

For additional information or any questions, please contact Debbie Clayton by email at scholarship@vnahg.org or telephone 732-219-7454.

Sincerely,



Gabriela Kaplan RN, MSN, AOCN
Manager, Clinical Education

GK/dc

Attachments

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Scholarship Purpose:

To provide financial assistance to qualified generic BSN students pursuing a career in nursing.

Award:

Scholarship award is \$500. Previous applicants/recipients may re-apply.

Eligibility Requirements:

- Resident of New Jersey or Ohio
- Enrolling/Enrolled in 2019 Fall Semester of accredited School of Nursing BSN Program
- BSN student, part-time or full-time

Applicant must submit the following required documents:

- Completed Application Form
- Personal Narrative
- 2 Letters of Recommendation
- Copy of ACT and/or SAT Scores
- **Current High School students** must provide copy of Acceptance Letter into an accredited School of Nursing BSN Program
- **Current High School students** must provide copy of High School Transcript
- **Current BSN students** must provide copy of *unofficial* College Transcript

Method of Payment:

A one-time scholarship check will be paid directly to the University/College School of Nursing and payment will be applied to the recipient's student account for the 2019 Fall Semester.

Scan completed application along with all required documents as PDF to:

scholarship@vnahg.org **not later than Tuesday, April 2, 2019.**

For additional information:

Please contact Debbie Clayton by email at scholarship@vnahg.org or by telephone 732-219-7454.



FOR OFFICE USE ONLY	
Date Received	_____
Transcript	_____
ACT/SAT Scores	_____
Letter of Acceptance into School of Nursing	_____
College/University	_____
Essay	_____
References	_____

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Application

FULL NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street) (Apt#)

(City) (State) (Zip Code)

TELEPHONE: Home: _____ Cell: _____

EMAIL ADDRESS: _____

HIGH SCHOOL:

I am currently attending: _____
(Name of High School)

Anticipated Graduation Date: _____

SCHOOL OF NURSING: (check one below)

___ I am currently a nursing student in a BSN Program. I am enrolled in the 2019 Fall Semester at:

___ I am just beginning the journey of becoming a nurse in a BSN Program. I am enrolling/enrolled in the 2019 Fall Semester at:

(Name of College or University) (State)

GROUP INVOLVEMENT / VOLUNTEER ACTIVITIES:

Are you a member of any group, club, or association? Yes ___ No ___

If yes, please list all. _____

Do you currently volunteer in the community? Yes ___ No ___

If yes, please list all. _____

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Personal Narrative

Not to exceed one page (typed) answering the following:

- **What attributes do you feel you possess that will make you a good nurse?**
- **What do you want to do with your nursing education?**
- **Share a life changing experience you feel has impacted on who you are.**
- **Share something you have done on your own or as part of a group that you feel made a difference in someone else's life or in your community.**

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Letter of Recommendation (1 of 2)

To: _____
(First) (Last)

From: _____
(Applicant's Name)

(Applicant's Address)

(Applicant's Telephone #)

I am applying for a VNA Scholarship. I authorize you to provide information regarding my academic, personal qualifications/achievements/potential.

Signature of Applicant _____ Date _____

Reference Name & Title: _____

Email Address: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Comments regarding academic, personal qualifications/achievements/potential:
(please use additional sheet if necessary)

Signature of Reference _____ Date _____

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Letter of Recommendation (2 of 2)

To: _____
(First) *(Last)*

From: _____
(Applicant's Name)

(Applicant's Address)

(Applicant's Telephone #)

I am applying for a VNA Scholarship. I authorize you to provide information regarding my academic, personal qualifications/achievements/potential.

Signature of Applicant _____ Date _____

Reference Name & Title: _____

Email Address: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Comments regarding academic, personal qualifications/achievements/potential:
(please use additional sheet if necessary)

Signature of Reference _____ *Date* _____