

# Ohio Nurses Foundation

## Ohio House Minority Leader Joyce Beatty Scholarship

For students who are pursuing their first nursing degree that leads to RN licensure.

Live in the central portion of Ohio and are of a minority race.

### Scholarship-Application

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ County \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ (area code) Email Address: \_\_\_\_\_

High School Name: \_\_\_\_\_ Member of a minority race Yes \_\_\_ No \_\_\_

Expected date of High School Graduation: \_\_\_\_\_  
Month Year

Program of study you plan to enroll in: \_\_\_\_\_

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

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

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

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Employment Record – Please attach resume (EMPLOYMENT, POSITION, 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### A Guidance Counselor or Nursing Advisor must sign below:

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

Academic advisor's Signature: \_\_\_\_\_ Student's GPA \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*The Foundation of the Ohio Nurses Association • 4000 East Main Street • Columbus, OH 43213  
Phone: 614-237-5414 • Fax: 614-237-6074 • www.ohnurses.org*

# ***Ohio Nurses Foundation***

## **Ohio House Minority Leader Joyce Beatty Scholarship Scholarship Application**

### **Scholarship Information**

- ❑ Scholarships are available for each academic year.
- ❑ Renewable for a second year based on competitive application process.

### **Eligibility Criteria**

- ❑ Attend or have attended a high school in the state of Ohio. If still in High School, must be graduating at the end of this academic year. There was less than a two year break between High school and enrollment in this nursing program.
- ❑ Applicant must have a minimum 3.5 cumulative grade point average in high school at the end of the Junior year.
- ❑ Applicant must enroll and complete full-time classes for the next academic year; and maintain a minimum cumulative 2.5 grade point average in college.
- ❑ Must live in the central portion of Ohio
- ❑ Must be a member of a minority race

### **Application Process**

To qualify for consideration, the following documents must be submitted along with your application.

- ❑ Personal statement as to how the candidate will advance the profession of nursing in the State of Ohio (not more than 100 words).
- ❑ Official high school transcript.
- ❑ College transcript (if previously attended).

### **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**

- ❑ High school and college academic records (if applicable)
- ❑ School activities and community services
- ❑ Personal statement

Deadline for return completed application is **January 15th**

Return to:

Ohio Nurses Foundation  
Attention: Giny Harshey-Meade, MSN, RN, CNA, BC  
4000 East Main Street  
Columbus, Ohio 43213

Scholarship winners will be notified by March 15<sup>th</sup> of the same year.

Applications received without required documentation will not receive consideration.