



DEBORAH HAGUE MEMORIAL SCHOLARSHIP

For an Aspiring Nurse Leader Graduate Nursing Student

Scholarship Criteria and Application

Scholarship Information:

- Scholarships are available for each academic year.
- The scholarship award is \$1000 for the year.
- Renewable for a second year through the competitive application process.

Eligibility Criteria:

- Must be an Ohio resident
- Have a valid unencumbered Ohio Nursing License as an RN and plan to continue practicing in Ohio
- Applicant must have a minimum 3.0 cumulative grade point average.
- Applicant must enroll and complete nine (9) credit hours during the next academic year.
- Be interested in becoming a dynamic nursing leader

Application Process: To qualify for consideration please submit the following documents along with your application:

- Personal statement about the leader you envision becoming and how this education will assist you (not more than 250 words).
- Official College transcript
- Letter of acceptance from an accredited graduate nursing program in Ohio.

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 academic records
- School activities and community services
- Personal statement
- Certification(s)
- Education focus is highly desirable
- Although the candidate is not required to be a member of the Ohio Nurses Association, membership is given weight during the selection process.

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: _____ Email Address: _____
(area code)

College attending or plan to attend: _____

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

List involvement in your profession and professional association _____

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

List all honors, awards and certifications

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

Are you an ONA member? _____ if so, what District _____

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 receipt 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: _____

Advisor’s Signature: _____ Date: _____

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