

***Ohio Nurses Foundation***  
**Senator Sue Morano Scholarship**  
**For RNs Returning to School to Earn an Advanced Degree**  
**to Teach in an Ohio Nursing Education Program**  
Scholarship-Application

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

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

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

College attending: \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_  
Month Year

Are you an ONA member \_\_\_\_\_ if so what District \_\_\_\_\_

List involvement in your profession and professional association \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, 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: \_\_\_\_\_

Advisors Signature: \_\_\_\_\_ 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*

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**Scholarship Application**  
Criteria

**Scholarship Information**

- Scholarships are available annually for each academic year.
- Renewable for a second year based on competitive application process.
- The scholarship award is a minimum of \$500 for the year.

**Eligibility Criteria:**

- Ohio Resident
- Have a valid unencumbered Ohio Nursing License as an RN
- Applicant must have had a minimum 2.5 cumulative grade point average undergraduate
- Applicant must enroll in and complete full-time graduate classes during the next academic year; and maintain a minimum cumulative 3.5 grade point average.
- Must be planning to teach nursing in an accredited Ohio nursing program.
- ONA members will be given first priority

**Application Process:**

To qualify for consideration, please submit the following documents along with your application.

- Personal statement as to why the candidate wishes to teach nursing in the State of Ohio (not more than 100 words).
- Official College transcript
- Letter of acceptance into a nursing program

**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

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

Ohio Nurses Foundation  
Attention: Giny 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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