

Ohio Nurses Foundation

RNs majoring in Nursing 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 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 Signature: _____ Date: _____

Advisors Signature: _____ Date: _____

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

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Scholarship Information

- ❑ Scholarships are available annually for each academic year.
- ❑ The scholarship award is \$1,000 for the year.
- ❑ Renewable for a second year based on competitive application process.

Eligibility Criteria:

- ❑ Ohio Resident
- ❑ Have a valid unencumbered Ohio Nursing License as a RN and plan to continue practicing in Ohio
- ❑ Applicant must have a minimum 2.5 cumulative grade point average undergraduate and 3.5 graduate cumulative grade point average (if in a graduate program).
- ❑ Applicant must enroll and complete full-time classed during the next academic year; and maintain a minimum cumulative 2.5 grade point average.

Application Process:

To qualify for consideration, please submit the following documents 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 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 (if applicable)
- ❑ 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, CNAA
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.