

# Ohio Nurses Foundation

## Rice Memorial Scholarship

### 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)

# *Ohio Nurses Foundation*

## **Rice Memorial Scholarship for RN majoring in Nursing Scholarship Application**

### **Scholarship Information**

- Scholarships are available annually for each academic year.
- The scholarship award is \$500 for the year.
- Renewable through a competitive application process.

### **Eligibility Criteria:**

- Ohio Resident
- Have a valid Ohio Nursing License as a 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 credit hours during the next academic year.
- Be a cancer survivor or have a close relative who has been diagnosed with cancer.

### **Application Process:**

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

- Personal statement as to how the cancer experience has shaped your life and practice (not more than 300 words).
- Official College transcript
- Letter of acceptance from an accredited 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
- 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: 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.