

Ohio Nurses Foundation

Students returning to School to Major in Nursing
(Students who have been out of school more than 2 years and are not RNs)
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

Tell us how you will advance nursing in the state of Ohio.
(no more than 100 words)

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.

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: _____

*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 Information

- Scholarships are available 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

- Be a resident of Ohio and have been out of school for two (2) or more years before returning to school.
- Applicant must enroll and complete full-time classed during the next academic year; and maintain a minimum cumulative 2.5 grade point average.
- Applicant can not be recognized as a RN in any of the States or territories of the USA.

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).
- Letter of acceptance from an institution of higher learning
- Official College transcript (if previously attended)
- Up to three letters of recommendation.

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 for return completed application is **January 15th** Return to:

Ohio Nurses Foundation
Attention: Giny Harshey-Meade, MSN, RN, CNA
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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