

Printed Name and Title: _____ Phone Number: (____) _____

**Summit and Portage District, Ohio Nurses Association
Nursing Scholarship Application**

Scholarship Information

- The scholarship is available for each academic year.
- The scholarship award is \$500 for the year.
- The scholarship is renewable for a second year based on competitive application process.

Eligibility Criteria

The applicant must:

- Be a Sophomore, Junior, or Senior in BSN program or a returning R.N. working toward an advanced nursing degree at Hiram College, Kent State University, or The University of Akron.
- Have a permanent residence in Ohio.
- Carry a minimum cumulative grade point average of 3.0.
- Be enrolled with 6 credit hours or greater.

Application Process

To qualify for consideration, the following documents must be submitted along with the application.

- Personal statement explaining the applicant's desire to enter or advance in the profession of nursing.
- College transcript.

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 transcript.
- College 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.

Summit and Portage District, Ohio Nurses Association

(For sophomore, junior, or senior student or returning R.N. working toward an advanced nursing degree at Hiram College, Kent State University, or The University of Akron.)

Nursing Scholarship Application

Name: _____

Address: _____
Street City State Zip

Home Telephone: _____ Email Address: _____
(area code)

Program of Study _____

____ Hiram College ____ Kent State University ____ The University of Akron

List any clubs or organizations you belong to and office you have held or currently hold.

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, Date 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 the 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: _____

A Nursing Advisor must sign below:

The above and GPS information are true and correct to the best of my knowledge.

Academic advisor Signature: _____ Student GPA _____ Date _____