

Ohio Nurses Foundation

Traditional Nursing Student

For students that no not have breaks longer than 2 years in the formal education (from high school into college) and have not obtained a degree

Scholarship-Application

Name: _____ SS#: _____

Address: _____
Street City State Zip

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

High School Name: _____

Expected date of High School Graduation: _____
Month Year

Program of study you plan to enroll in: _____

List any clubs or organizations you belong to at your school and all offices 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, 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: _____

A Guidance Counselors or Nursing Advisor must sign below:

The above and GPA information is true and correct to the best of their knowledge.

Academic advisor Signature: _____ Students GPA _____ 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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Traditional Nursing Student Scholarship Application

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

- ❑ Attend or have attended a high school in the state of Ohio. If still in High School, must be graduating at the end of this academic year.
- ❑ There was less than a two year break between High school and enrollment in this nursing program.
- ❑ Applicant must have a minimum 3.5 cumulative grade point average in high school at the end of the Junior year.
- ❑ Applicant must enroll and complete full-time classes for the next academic year; and maintain a minimum cumulative 2.5 grade point average in college.

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).
- ❑ Official high school transcript.
- ❑ College transcript (if previously attended).
- ❑ Letter of acceptance into a nursing program or pre-nursing program and the program must qualify the candidate to sit for RN boards.

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

- ❑ High school and 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.