

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Dear Applicant:

Thank you for your interest in applying for a Future Nurse Leadership Scholarship. Following is a list of documents required for your scholarship application to be considered and all forms have been included in this packet.

- Completed Application Form
- Personal Narrative
- 2 Letters of Recommendation
- Copy of ACT and/or SAT Scores
- **Current High School Students** must provide copy of Acceptance Letter into an accredited School of Nursing BSN Program
- **Current High School Students** must provide copy of High School Transcript
- **Current BSN Nursing Students** must provide copy of *unofficial* College Transcript

Application Submission:

Scan all completed forms and required documents as PDF to scholarship@vnahg.org
OR send by fax to 732-922-0986. Closing date is Tuesday, April 14, 2020.

For additional information or any questions, please contact Debbie Clayton by email at scholarship@vnahg.org or telephone 732-219-7454.

Sincerely,



Ellen Gusick, RN BSN
Chief Nursing Officer

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Scholarship Purpose:

To provide financial assistance to qualified generic BSN students pursuing a career in nursing.

Award:

Scholarship Award is \$1,000 and two applicants will be selected.

Eligibility Requirements:

- Resident of New Jersey or Ohio
- Enrolling/Enrolled in 2020 Fall Semester of accredited School of Nursing BSN Program
- BSN student, part-time or full-time

Applicant must submit the following required documents:

- Completed Application Form
- Personal Narrative
- 2 Letters of Recommendation
- Copy of ACT and/or SAT Scores
- **Current High School students** must provide copy of Acceptance Letter into an accredited School of Nursing BSN Program
- **Current High School students** must provide copy of High School Transcript
- **Current BSN students** must provide copy of *unofficial* College Transcript

Method of Payment:

A one-time scholarship award of \$1,000 sent by check directly to the University/College for deposit into the awardee's student account for the 2020 Fall Semester.

Application Submission:

Scan all completed forms and required documents as PDF to scholarship@vnahg.org
OR send by fax to 732-922-0986. Closing date is Tuesday, April 14, 2020.

Questions:

Please contact Debbie Clayton by email at scholarship@vnahg.org or by telephone 732-219-7454.



FOR OFFICE USE ONLY

Date Received _____
Transcript _____
ACT/SAT Scores _____
Letter of Acceptance into School of Nursing
College/University _____
Essay _____
References _____

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Application

FULL NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street) (Apt#)

(City) (State) (Zip Code)

TELEPHONE: Home: _____ Cell: _____

EMAIL ADDRESS: _____

HIGH SCHOOL:

I am currently attending: _____
(Name of High School)

Anticipated Graduation Date: _____

SCHOOL OF NURSING: (check one below)

___ **I am currently a nursing student in a BSN Program.** I am enrolled in the 2020 Fall Semester at:

___ **I am just beginning the journey of becoming a nurse in a BSN Program.** I am enrolling/enrolled in the 2020 Fall Semester at:

(Name of College or University) (State)

GROUP INVOLVEMENT / VOLUNTEER ACTIVITIES:

Are you a member of any group, club, or association? Yes ___ No ___

If yes, please list all. _____

Do you currently volunteer in the community? Yes ___ No ___

If yes, please list all. _____

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Personal Narrative

Not to exceed one page (typed) answering the following:

- **What attributes do you feel you possess that will make you a good nurse?**
- **What do you want to do with your nursing education?**
- **Share a life changing experience you feel has impacted on who you are.**
- **Share something you have done on your own or as part of a group that you feel made a difference in someone else's life or in your community.**

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Letter of Recommendation (1 of 2)

To: _____
(First) (Last)

From: _____
(Applicant's Name)

(Applicant's Address)

(Applicant's Telephone #)

I am applying for a VNA Scholarship. I authorize you to provide information regarding my academic, personal qualifications/achievements/potential.

Signature of Applicant _____ Date _____

Reference Name & Title: _____

Email Address: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Comments regarding academic, personal qualifications/achievements/potential:
(please use additional sheet if necessary)

Signature of Reference _____ Date _____

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Letter of Recommendation (2 of 2)

To: _____
(First) (Last)

From: _____
(Applicant's Name)

(Applicant's Address)

(Applicant's Telephone #)

I am applying for a VNA Scholarship. I authorize you to provide information regarding my academic, personal qualifications/achievements/potential.

Signature of Applicant _____ Date _____

Reference Name & Title: _____

Email Address: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Comments regarding academic, personal qualifications/achievements/potential:
(please use additional sheet if necessary)

Signature of Reference _____ Date _____