

# North Carolina Foundation for Nursing Scholarship Application

## Please Use This Application for Judy Knox Scholarship

### Judy Knox Scholarship

*In 2009, a scholarship fund was set up in honor of Judy Knox, long-time staff member of the North Carolina Board of Nursing. Judy was diagnosed with Stage 4 colon cancer in December 2007 and valiantly fought the disease until her death in March 2009.*

*Ms. Knox achieved a distinguished career in nursing administration at Presbyterian Hospital in Charlotte, North Carolina long before she joined the staff of NC Board of Nursing (NCBON) in 2000.*

*Judy received her basic nursing education in a diploma program. She returned to school to complete her BSN and work toward her MSN as a working, single parent.*

**Purpose:** The scholarship is intended to enhance the practice of nursing by encouraging registered nurses to pursue additional education. The scholarship is designed to assist registered nurses seeking their **BSN on a full or part time basis (preference will be given to full time students).**

### Requirements *(Applicants must meet the following criteria)*

1. Must be a resident of North Carolina for at least 12 months prior to application.
2. Must be admitted to a program in North Carolina offering a baccalaureate degree in nursing. Online programs are also acceptable, provided you are a North Carolina resident.
3. Must have a cumulative grade point average of 3.0 in work already completed in the program in which currently enrolled or in previous nursing program if no course work has been taken in the current program.

**Amount of Scholarship:** \$1,000 per year

### Scholarship Information

*All NCFN scholarships are awarded without regard to race, sex, religion, age or national origin. Priority will be given to NCNA members. The applicant is responsible for assembling the materials together in one packet and submitting it to the NC Foundation for Nursing by 4:00 PM on May 31, 2019.*

**Incomplete applications or those received after 4:00 PM on May 31, 2019 will not be considered for the Scholarship Funding.**

**Please submit scholarship application and all related materials via email or mail.**

#### Email

- Email Scholarship Application & All Related Materials **as a single pdf document** to [RNs@NCNurses.org](mailto:RNs@NCNurses.org)

#### Mailing Address

- Mail Scholarship Application & All Related Materials To  
NC Foundation for Nursing, Inc.  
Attn: Scholarship Committee  
4350 Lassiter at North Hills Avenue, Suite 250  
Raleigh, NC 27609

## Application Process

*Provide the Scholarship Committee the following information in a single envelope or pdf document:*

1. Completed Scholarship Application
2. Two Letters of Reference
3. Applicant Statement
4. **Unofficial** transcript(s) of grades from current BSN program. If no course work has been taken in the current program, a transcript of the applicants ADN.
5. Proof of acceptance to the educational program

## Basis of Awards

*The Scholarship Committee will award the following point values in the seven categories listed below when judging applicant for scholarship awards*

- 1. Grade Point Average – Maximum of 10 points**
- 2. Professional Nursing/Leadership Involvement – Maximum of 25 points**

Memberships in all professional organizations should be included. Points are awarded for length of service, leadership positions, and level of involvement within the organization with weight increasing at state and national level of involvement. Examples include nursing committees, councils, organization and memberships, teaching, clinical instruction, etc.
- 3. Honors/Awards – Maximum of 5 points**

Points will be awarded for any professional honors and awards received.
- 4. Certifications – Maximum of 15 points**

Points will be awarded for current certification within the applicant's area of practice. Please distinguish which certificates are job required versus voluntary.
- 5. Community Involvement – Maximum of 10 points**

The applicant should include leadership roles in school, the community, and other volunteer activities, such as PTA President, Chair of community groups, etc.
- 6. Letters of Reference – Maximum of 10 points**

Two letters of reference must be included and should speak about the applicant's academic ability, leadership, professionalism, and major accomplishments. Letters of reference should be submitted on letterhead and be submitted by a:

  1. Current Instructor
  2. Supervisor, manager, or leader
  3. Applicants choice
- 7. Applicant Statement – Maximum of 25 points**

The applicant statement is a summary of not more than 300 words prepared by the applicant which demonstrates qualifications for the award. This statement should answer the following questions:

  1. What are your short term and long term nursing career goals?
  2. How will this education program and scholarship advance those career goals?

**Scholarship Application**

*This form must be completed and typed. Hand written applications will not be accepted.*

Legal Name:

Home Address:

City:

Zip:

Home telephone:

Email:

RN License Number:

Renewal Date:

Employer (if applicable):

Employer's Address:

School Applicant will attend:

Type of program (*Baccalaureate*):

Degree at end of program:

Major or concentration:

Anticipated date of graduation:

Anticipated credit hours:

Fall '19 \_\_\_\_\_ Spring '20 \_\_\_\_\_

A. Grade Point Average: \_\_\_\_\_

B. Please list all professional nursing/leadership involvement; include years of participation, all offices or other positions of leadership held:

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C. Please list any nursing honors and awards received; include date of award:

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D. Please list all current certifications within area of practice; distinguish which certificates are job required versus voluntary:

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E. Please list all community involvement; include years of participation, all offices or other positions of leadership held:

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F. Please list the names and contact information of the persons writing a letter of reference on your behalf.

1. \_\_\_\_\_

2. \_\_\_\_\_

G. Please list your last three employers, dates of employment, and positions held:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*I certify that the information provided in the above application is accurate. I agree that I will return the scholarship funds to the foundation if I withdraw from school during the funded year.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For NCFN office use only**

Application received \_\_\_\_\_

Sent to reviewers \_\_\_\_\_