

North Carolina Foundation for Nursing Scholarship Application

Please Use This Application for NCNA Triad Region Scholarship

NCNA Triad Region Scholarship

The NCNA Triad Region Advisory Committee has partnered with the North Carolina Foundation for Nursing to establish a scholarship program to promote professional nursing practice by encouraging registered nurses to pursue additional education.

Purpose: Scholarships are available to NCNA members who live or work in the Triad Region who have chosen to further their professional career by pursuing education at the **baccalaureate, masters or doctoral level**.

Requirements (*Scholarship 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 a member of NCNA who lives or works in the NCNA Triad Region.
3. Must be a current student or have been admitted to a program at an accredited program in North Carolina offering a pre-licensure baccalaureate, masters or doctoral level degree in nursing. Online programs are also acceptable, provided you are a North Carolina resident.
4. May be enrolled part-time or full-time, at least 6 hours per semester.
5. Must have a minimum 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: Up to \$1,000 per year (*undergraduate students*)
Up to \$2,000 per year (*graduate students*)

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

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) based on ADN for BSN students, BSN or current master's program for master's students; and master's program or current doctoral program grades for doctoral students.
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 presenting applicant's reasons for pursuing additional education and for doing so on a **part-time** basis. 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, Master's, or Doctoral*):

Degree at end of program:

Major or concentration:

Anticipated date of graduation:

Anticipated credit hours:

Fall '19 _____ Spring '20 _____

Institution's definition of part-time:

A. Grade Point Average: _____

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

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

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

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

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 _____