



NAHN-NJ NURSING SCHOLARSHIPS

Recognizing Excellence in Nursing Students

Application Deadline: September 16th, 2019

Scholarships will be presented at the 2019 NAHN-NJ Scholarship Gala

Scholarship awards are presented to the National Association of Hispanic Nurses, New Jersey chapter (NAHN-NJ) members enrolled in accredited LVN/LPN, associate, diploma, baccalaureate, and graduate nursing programs. Selection of recipients is based on need, current academic standing, whether they are United States citizen or permanent resident of the United States and other criteria listed below. Scholarship recipients are a select group of nursing students who demonstrate promise of professional contributions to the nursing profession and who have the potential to act as role models for other aspiring nursing students. The number of scholarships offered each year is dependent upon the amount in the scholarship fund.

Criteria for the Scholarship Awards include:

- NAHN-NJ scholarship application form completed by the student and submitted by the deadline date.
- The application packet needs to include:
 - Two (2) Letters of Recommendation from two faculty members outlining the applicant's future professional contribution to the nursing profession and potential to act as a role model for other aspiring nursing students.
 - An essay, 500 words or less (using Times New Roman – 12 font), written by the student that reflects:
 1. A facet of your identity/background that is essential to who you are.
 2. Discuss a health issue in the Hispanic community you are passionate about and how you see yourself making difference to address this disparity
 - A resume, with education, employment, include earned certificates, awards, community service, special honors, etc.
 - An official transcript from applicant's college, university, or Nursing Program.
 - Please do not staple all these documents.
- Academic standing (minimum GPA of 3.0 preferred).
- Verification of membership status in NAHN-NJ (copy of membership card or proof of membership purchase).
- NAHN-NJ members can reapply for scholarships if attaining a higher degree.
- No acting National Board Members or Committee members are eligible for scholarships
- Attendance to Chapter Event on October 12th, 2019 is mandatory** for receipt of scholarship award.
Please note: Check will not be distributed at the chapter event.

SCHOLARSHIP APPLICATION SUBMISSION

ALL SCHOLARSHIP APPLICATION PACKETS **MUST BE POSTMARKED BY SEPTEMBER 16TH, 2019.**

A packet with a postmark after the deadline date will not be eligible for consideration. No exceptions or extensions shall be granted.

The scholarship application packet is to be mailed to the NAHN-NJ office. Note: Letters of recommendation must be in a sealed envelope and must be original letters (not copies).

**AWARDS/SCHOLARSHIP COMMITTEE
NATIONAL ASSOCIATION OF HISPANIC NURSES, NJ Chapter
P.O. BOX 7409
NORTH BERGEN, NJ 07047**



NAHN-NJ NURSING SCHOLARSHIPS FORM
Recognizing Excellence in Nursing Students

Please conceal this section on copied applications

SECTION I – PERSONAL DATA

Name: _____ **Date:** _____
Last First Middle

Mailing Address: _____
Street Address City State Zip

Permanent Address: _____
Street Address City State Zip

Home Phone: _____ **Work Phone:** _____ **E-mail:** _____

Please circle the answers below:

Gender: a. Male b. Female

Ethnic Background: a. Hispanic b. Non-Hispanic

Marital Status: a. Single b. Married c. Divorced d. Widowed e. Other _____

If Married:

Spouse's Name: _____ **Spouse's Occupation:** _____

Number of dependents other than self or spouse: _____ **Number of Children:** _____ **Ages:** _____

Were you born in the USA? a. Yes b. No **If "No", what country?** _____

How long in the US? _____

Primary language spoken at home: a. English b. Spanish c. Bilingual

d. Other (Specify): _____

Are you a member of NAHN? a. Yes b. No **When did you join NAHN?** _____

How did you hear about NAHN? _____

First generation College Student? a. Yes b. No

Did you grow up in a family living below the poverty line a. Yes b. No

Is this the first time you have applied for a NAHN-NJ scholarship? a. Yes b. No

If you have applied before, what years: _____

Have you ever received a NAHN-NJ scholarship? a. Yes b. No

If "Yes," Year(s) received: _____

SECTION II - FINANCIAL NEED

Indicate any other financial-aid you currently receive:

Indicate how the scholarship money will be used:

SECTION III – EDUCATION

I am currently enrolled in the following program:

a. LVN/LPN b. ADN c. RN d. BSN e. MSN f. Doctoral

OR

I have been accepted to the following nursing program beginning Fall 2018:

a. LVN/LPN b. ADN c. RN d. BSN e. MSN f. Doctoral

Area of Study (e.g. pediatrics, cardiology, etc.) _____

Name of Nursing School: _____

School Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Date Entered: _____ **Expected Date of Graduation (Month/Year):** _____

Grade Point Average (GPA): Current : _____ Cumulative : _____

In Fall 2018, will you attend school: a. Full Time b. Part-time c. Year in School: _____

SECTION IV-ESSAY

See criteria for your selected scholarship for specific instructions.

If there is any additional information which you would like the awards committee to consider, include a personal statement below.

I ACKNOWLEDGE THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS SCHOLARSHIP APPLICATION FORM IS ACCURATE. ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

Applicant Signature

Date



NAHN-NJ NURSING SCHOLARSHIPS FORM
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APPLICATION CHECK LIST:

- NAHN-NJ scholarship application form with all sections completed by the student and submitted by the deadline date.
- The application packet needs to include:
 - Two (2) Letters of Recommendation from two faculty members outlining the applicant's future professional contribution to the nursing profession and potential to act as a role model for other aspiring nursing students.
 - An essay, 500 words or less (using Times New Roman – 12 font), written by the student that reflects:
 - 3. A facet of your identity/background that is essential to who you are.
 - 4. Discuss a health issue in the Hispanic community you are passionate about and how you see yourself making difference to address this disparity
 - A resume, which includes education, employment, earned certificates, awards, and special honors.
 - Provide estimate of educational expenses, including any other financial aid for the year requested.
 - An official transcript from applicant's college, university, or Nursing Program.
 - A letter from a school official noting:
 - Student is enrolled, and specify if part-time, time or full-time status
 - That the student is in good standing (meaning progressing well and not behind in their studies)
 - The letter should be signed and in official letterhead.
 - Please do not staple all these items.
- Academic standing (minimum GPA of 3.0 preferred).
- Verification of membership status in NAHN (copy of membership card or proof of membership purchase).
- No acting National Board Members and Committee members are eligible for scholarships
- Attendance to Chapter event on October 12th, 2019 is mandatory for receipt of scholarship award.
Please note: Check will not be distributed at the chapter event.

All submitted documentation, including the two letters of recommendation from faculty members, must be mailed to NAHN-NJ in a single mailing.

**INCOMPLETE OR LATE SCHOLARSHIP APPLICATION PACKETS
WILL NOT BE REVIEWED – NO EXCEPTIONS**

ALL MATERIALS MUST BE RECEIVED NO LATER THAN September 16th, 2019.
Scholarship application packets with a postmark after the deadline date will not be reviewed.
No exceptions or extensions shall be granted.

**MAIL ALL MATERIALS TO:
AWARDS/SCHOLARSHIP COMMITTEE
NATIONAL ASSOCIATION OF HISPANIC NURSES – New Jersey Chapter
P.O. BOX 7409
NORTH BERGEN, NJ 07047**