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**Scholarship Application**

**CHECKLIST FOR COMPLETE SCHOLARSHIP APPLICATION MAILING**

**MUST BE POSTMARKED ON OR BEFORE MIDNIGHT February 1, 2021**



**(Late applications will NOT be considered. You may email Regina Adams, MSN, RN, CNOR at** **staff@njnsinc.org for confirmation that scholarship application has been received.)**

Before mailing your scholarship application to the scholarship chairperson, please review and check (√) responses to the following items and include this form in your mailing.

**ONLY TYPED, COMPLETED APPLICATIONS** will be accepted for consideration by the Scholarship Committee. To be considered complete, you **MUST** submit the following:

• **Copy of this page**

• **Completed application with applicant**’**s signature**

• **Personal Statement Essay**

• **Resume**

• **Photocopied NSNA membership card**

• **OFFICIAL transcript**

• **ONE faculty or academic advisor letter of recommendation**

• **ONE personal (non-relative) recommendation**

• **Financial Aid Certification Form**

***MAIL COMPLETED APPLICATION TO Organizational Manager***

Regina Adams, MSN, RN, CNOR

1479 Pennington Road

Trenton, NJ 08618

Email: **staff@njnsinc.org**

**Application Requirements for the NJNS Scholarship**

**The Applicant must:**

* Be enrolled in an accredited nursing program
* Have completed one nursing course in a nursing program that prepares graduates for practice as registered nurse (Diploma, ADN, BSN).

Must be a current member of NSNA. Visit [www.njnsinc.org](http://www.njnsinc.org) for membership details, or join now (click the link <https://www.njnsinc.org/how-to-become-a-mem>)

**SELECTION AND NOTIFICATION**

The New Jersey Nursing Students, Inc. (NJNS) Scholarship Committee will judge all scholarship applications confidentially and without discrimination. Scholarships are awarded at the opening ceremony during our annual statewide convention on ***Thursday, February 25, 2021.*** An invitation to the opening ceremony will be sent to all scholarship recipients. Recipients will be notified by ***February 10, 2021.*** If you have any questions, please contact Regina Adams at (609) 883-5335 or email **staff@njnsinc.org**.

**SECTION 1: APPLICANT’S INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**SECTION 2: PERSONAL COMMITMENTS**

Marital Status: ☐ Single ☐ Married ☐ Divorced

Number of dependents (including self): \_\_\_\_\_

Employment: ☐ Full-time ☐ Part-time ☐ Not currently employed



**SECTION 3: RESUME**

Resume should include (400-word limit) detailing work history, education, honors, awards, certifications, community and professional involvement (NSNA, NJNS, school SNA chapters, and any other professional organization or activities).

**In addition to the attached resume, include the following information, if applicable.**

National Student Nurses’ Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Jersey Nursing Students, Inc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School SNA chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community involvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other involvement in nursing activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: OFFICIAL TRANSCRIPT**

1. **What is the student’s cumulative GPA (based on a 4.0 scale) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\***Please enclose an OFFICIAL transcript in the mail or E-mail\*\*

**SECTION 5: PERSONAL STATEMENT ESSAY**

Attach a typed, double-spaced, Times New Roman, 12-pt font, 300-word essay explaining why you deserve consideration for this scholarship. Please include your educational and career goals, what area of nursing you are interested in pursuing and what a career in nursing means to you.



**SECTION 6: WRITTEN RECOMMENDATIONS**

\*\*Must be sent with scholarship application\*\*

Include ***BOTH:***

* One faculty or academic advisor letter of recommendation
* One personal (non-relative) letter of recommendation



**SECTION 7: FINANCIAL AID CERTIFICATION FORM**

***This form must be completed by the school’s Financial Aid Office and must be official and sealed in a separate envelope.***

 **Has the student completed a FAFSA form? Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_**

Financial Aid Advisor:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PERMISSION TO RELEASE FINANCIAL AID INFORMATION:***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant) hereby grant the Financial Aid Office permission to provide the information in my scholarship application and Financial Aid Certification Form to New Jersey Nursing Students, Inc.

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 8: APPLICANT CERTIFICATION**

I certify that all statements made in this application are complete and accurate. I understand that the decision of NJNS is final and that attendance at the award ceremony is strongly encouraged.

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_