

National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI) 2011 Scholarship Application

NAHN-MI will award six \$500 Scholarships to Hispanic nursing students. The scholarships will be awarded at the NAHN-MI Annual Holiday meeting, Saturday, December 3, 2011 in Dearborn, Michigan.

Eligibility Criteria

1. Applicants must be student members of NAHN-MI. Non members may apply but if selected to receive a scholarship, an application will be sent in for you and the cost will be deducted from the scholarship (currently \$40 for student membership).
2. Undergraduate Hispanic student enrolled in a generic nursing program in the State of Michigan. (LPN to RN and RN to BSN students are not eligible).
3. Completion of at least one semester of nursing curriculum (ADN/BSN students) or LPN students presently enrolled in a LPN program.
4. Minimum grade point average of 2.75.
5. Prior recipients of NAHN Michigan Chapter Merit Award/Scholarship are not eligible to apply.

Instructions

1. One letter of recommendation on letterhead from a nursing school faculty member at the enrolled institution. This letter should outline the applicant's potential contribution to the nursing profession and the capability to act as a role model for other aspiring nursing students.
Any application without a proper letter from a nursing faculty member will be considered incomplete. Letters from Biology, Anatomy & Physiology instructors, etc., are not considered nursing faculty.
2. Information in the Scholarship Application Form must be typed or printed. If illegible, the application will not be evaluated. Copies of certifications, academic honors, community awards, and scholarships listed on application are required.
3. A typed essay no longer than 2 pages, double-spaced, 1" margins and 12 font, Times New Roman. This essay should include personal background information, school involvement, community service, goals after graduation, and how you plan to serve the NAHN Michigan Chapter in the upcoming year.
4. Scholarship recipients will agree to 10-20 hours of volunteer service to the NAHN Michigan Chapter to be completed within one year of receipt of the scholarship.
This may include but is not limited to:
** Participation in fundraiser event activities ** Attendance at NAHN MI Chapter meetings
** Health fair participation and/or organization ** Clerical assistance; i.e. mailing, collating, etc.
5. One current sealed transcript from the College/University is required.
6. All materials should be submitted in a single U.S. mailing POSTMARKED by November 1, 2011. Transcripts may be mailed separately if coming from the college/university.
7. ANY INCOMPLETE OR LATE SCHOLARSHIP APPLICATION WILL NOT BE EVALUATED.
8. *It is the applicant's responsibility to confirm that we have received the application packet.*

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Check List

- 1. Completed NAHN MI Scholarship Application with copies of certifications, awards & scholarships included
- 2. Typed Essay, 12 font, double-spaced, maximum of two pages
- 3. One Current Sealed Transcript
- 4. One Letter of Recommendation from a Nursing Faculty Member
- 5. PLEASE MAIL ALL MATERIALS BY November 1, 2011 TO:

NAHN-MI Chapter Scholarship Committee
c/o 769 Fox River Drive
Bloomfield Twp, MI 48304

For Questions contact Dottie Rodriguez:
313-282-8471 or Dottierodr@aol.com

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SECTION I – DEMOGRAPHICS

Name: _____
 First Middle Initial Last

Mailing Address: _____
 Street Address City State Zip

Permanent Address: _____
 Street Address City State Zip

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Gender: Male Female

Hispanic Origin _____

How did you hear of NAHN-MI Scholarship Program? (i.e. NAHN member, website, school of nursing, financial aid office) _____

Have you ever received a NAHN Michigan scholarship? Yes No
(You are NOT eligible to apply if you have received a NAHN Michigan Chapter Merit Award or Scholarship in the past)

SECTION II - EDUCATION

I am currently enrolled in the following program: LPN ADN BSN

APPLICANTS MUST HAVE COMPLETED ONE SEMESTER OF NURSING CURRICULUM FOR ADN/BSN STUDENTS OR PRESENTLY ENROLLED IN A LPN PROGRAM

Name of Nursing School: _____

School Address: _____

City: _____ State: Michigan Zip: _____

Phone: _____

Expected Date of Graduation (Month/Year): _____

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List all the educational programs attended and degrees received:
(Please use back of page if necessary)

1. _____
School/College/University Years Attended Degree Year Graduated Major
2. _____
School/College/University Years Attended Degree Year Graduated Major
3. _____
School/College/University Years Attended Degree Year Graduated Major

SECTION III – CERTIFICATIONS, ACADEMIC HONORS, COMMUNITY AWARDS & SCHOLARSHIPS

Copies of certifications, honors, awards & scholarships need to be included with the application

List all certifications of special training you have received (Examples: BLS, ACLS, CMA, CNA)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List any academic honors, community awards and scholarships received in high school or college: (Please use back of page if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I ACKNOWLEDGE THAT THE ABOVE INFORMATION ON THIS SCHOLARSHIP APPLICATION IS
CORRECT, AND I AGREE TO THE TERMS OF THIS APPLICATION.
ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION AND ANY FUTURE
NAHN-MICHIGAN CHAPTER SCHOLARSHIPS.

Signature

Date