

*National Association of Hispanic Nurses / CT Chapter Scholarship
Nursing Student [\$500]*

Scholarship Requirements

- **Scholarships are for Nursing students of *Hispanic descent***
- Candidate must be currently enrolled in an accredited nursing program (B.S.N., A.D., Diploma or L.P.N, MSN or DNP, PhD) and in good scholastic standing at the time of application
- Cumulative GPA ≥ 2.7 for undergraduate and 3.0 for graduate degree

What You Need to Complete Your Scholarship Application

In order to be considered for a National Association of Hispanic Nurses/CT chapter scholarship, you will need to complete an application and secure all of the necessary documentation. To assist you we have compiled a list of the information you will need to submit. Please review the scholarship application form carefully. Remember to submit ALL requested documents with your application.

- ☐ Scholarship Application submitted by email or mail- Deadline: May 5, 2013
- ☐ Official Transcripts - Post marked by May 5, 2013
- ☐ Proof of membership/Copy of NAHN membership card(see guidelines below)
- ☐ One page essay (*see guidelines below*)
- ☐ Must be enrolled in an accredited School of Nursing
- ☐ Must have at least 1 full year remaining in nursing school or graduate program
- ☐ One letter of recommendation (*from an instructor or employer, written within the past 6 months*)
- ☐ Limit the number of supporting documents to 5 pages (*i.e., awards, certificates, letters, participation in student nurse activities, involvement in the Hispanic community, service learning experience related to Hispanic population health*)

PLEASE NOTE: If selected for a scholarship, the student must pay half of the upcoming year membership dues (the CT chapter will cover the other half) prior to receiving the award.

Written Essay Guidelines

Each applicant is to submit with the application a min of one-page typed, 12 font size, 1" margins, and double-spaced essay. Essay should include a description of extracurricular activities and community involvement. These may include (but not be limited to) local chapter activities, community based projects, school level projects, organizational efforts / state level student nurse activities, activities impacting the health and social condition of Hispanics and other culturally diverse groups. Also include your ideas on what you can do as an individual nurse to improve the health status and/or social condition of Hispanics and a statement about your future goals in nursing.

National Association of Hispanic Nurses/ CT Chapter Application for Scholarship

Please Type or Print clearly in Ink

Name: _____

Daytime Phone#: _____ Email: _____

Current Address: _____

City, State, Zip Code: _____

Place of Employment (if applicable): _____

NAHN Member #: _____ Year joined: _____

Who is the Head of Household (circle one): Father / Mother/ Self / Spouse / Other

Do you currently hold a Nursing License? Yes / No Type: RN ____ LPN ____

If yes: License Number: _____ State _____

Other anticipated sources of income: *i.e. family, scholarship, grants, loans, veteran benefits, etc.* Please list ALL:

Current School of Nursing Enrollment

Name: _____

Address: _____

City, State, Zip Code: _____

Dean/Director & School Phone No.: _____

Type of Nursing Program – Circle One: LPN /RN/AD/ BSN/ Masters/ PhD

Expected Graduation Date: _____ Advisor: _____

Extracurricular/Community Activities, please list: _____

[You may attach a continuation sheet if necessary]

Signature / Date

I hereby affirm that all the information provided is true. Any false statement will forfeit the award.

*You can either email or mail application and supporting documentations, but all documents must be received by the designated deadline and **ALL must be received TOGETHER**. Please do not email the application and mail the supporting documentation. The official transcript is the only thing that can be received separately (sent from your school).*

*If you are emailing the items, please send to
jplanas@fairfield.edu*

OR

*If you are mailing the items, please send to
[Fairfield University- School of Nursing](#)
[C/o Dr. Planas/NAHN](#)
[1073 North Benson Rd.](#)
[Fairfield, CT 06824](#)*

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST
BE POST OFFICE MARKED BY May 5, 2013**