



MARY BETH HAYWARD SCHOLARSHIP

For RNs Preparing to Teach Nursing

Scholarship Criteria & Application

Scholarship Information:

- Scholarships are available for each academic year
- Scholarships are awarded one time per year in March/April; application deadline is January 15th (note: if January 15th falls on a weekend or holiday, the deadline is the next business weekday)
- Scholarship winners are notified by March 15th of the same year.
- The scholarship award is \$1,000 for the year.
- Renewable for a second year through the competitive application process.

Eligibility Criteria:

Applicant must:

- Live or work in the state of Ohio
- Have a valid unencumbered Ohio Nursing License as an RN and plan to continue practicing in Ohio
- Have a minimum 2.5 cumulative grade point average undergraduate and 3.0 graduate cumulative grade point average (if in a graduate program).
- Enroll and complete full-time or part-time classes during the next academic year.
- Be planning to teach nursing full time in an accredited nursing program in Ohio.
- ONA members will be given first priority

Application Process:

To qualify for consideration:

- The application must be completed in full; it must be signed by the applicant and an academic advisor, and must include the following documentation.
 - ✓ Official college transcript(s) (include all college transcripts).
Note: An electronic academic transcript sent via email from an official transcript website, such as Transcript Network™, Credential Solutions, etc., is acceptable. Please send to Pam Danielson at pdanielson@ohnurses.org.
 - ✓ Letter of acceptance into an accredited nursing program or, if part-time, a letter from the school of nursing verifying your student status.
- Supporting documents (e.g., transcripts) can be mailed separate from the application as long as all required documentation is received (or postmarked) by the deadline date.

Renewal Process:

- Renewal of the scholarship for a second year is NOT automatic. The student must reapply and go through the competitive application process for the new academic year.

Selection Criteria:

- College academic records
- School activities and community services
- Personal statement

Mail application and required documents

to: (Must postmarked by **January 15, 2019**)

Ohio Nurses Foundation

Attention: Pam Danielson

3760 Ridge Mill Drive, Hilliard OH 43026

Direct questions re the ONF Scholarship Program to:

Pam Danielson at pdanielson@ohnurses.org

APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED



Note: Please download/save to your computer before completing form as data entered is not saved in the online form.

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Scholarship Application

Name: _____ Last 4 digits of SS#: _____

Address: _____
Street City State Zip

Telephone: _____ Email Address: _____

College attending: _____ Part time Full time

Expected date of Graduation: _____ Degree _____ Major _____
Month Year

Are you an ONA member? Yes No If yes, name of District _____

Have you received a scholarship from ONF in the past? Yes No If yes, year awarded: _____

For the following questions, you may attach additional paper if more space is needed to answer.

1) List involvement in your profession and professional association:

2) List your participation in any community service activities or organizations and the extent of your involvement:

3) List all honors and awards—school related and non-school related:

4) Personal statement: Explain why you would like to teach nursing in the state of Ohio (no more than 100 words):

5) Employment Record – ***Please attach resume*** (EMPLOYMENT, POSITION, and DATES OF EMPLOYMENT).

6) **CERTIFICATION:** Applicant and advisor signatures required below.

The above information is true and correct to the best of my knowledge. I agree that if I am chosen as a recipient of the ONF Scholarship, the Ohio Nurses Foundation may use my name and information for publicity purposes and also for the purpose of research. I authorize the release of all application materials, including references, and transcripts to members of the scholarship selection committee. In the event that I am awarded a scholarship, this information may be released to the media and my academic transcript may be released to the scholarship sponsor.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Print Advisor's Name and Title: _____ Phone: _____

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