



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

## STUDENTS RETURNING TO SCHOOL TO MAJOR IN NURSING

For Students who have been out of school and are returning to school to become an RN

### 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 15<sup>th</sup> (note: if January 15<sup>th</sup> falls on a weekend or holiday, the deadline is the next business weekday)
- Scholarship winners will be notified by March 15<sup>th</sup> 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.
- Enroll in an accredited full nursing program (note: enrollment in pre-nursing program does not qualify) and complete full-time or part-time classes during the next academic year.
- Cannot be recognized as an RN in any of the states or territories of the USA.
- Plan to practice nursing in Ohio.

#### Application Process:

To qualify for consideration:

- The application must be completed in full, signed by the applicant, and 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. Send to Pam Danielson at [pdanielson@ohnurses.org](mailto:pdanielson@ohnurses.org).
  - ✓ Up to three (3) letters of recommendation.
  - ✓ Letter of acceptance into an accredited full nursing program (note: pre-nursing program does not qualify) 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 (if applicable)
- 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](mailto: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.

## STUDENTS RETURNING TO SCHOOL TO MAJOR IN NURSING

For Students who have been out of school and are returning to school to become an RN  
**Scholarship Application**

Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_

College attending: \_\_\_\_\_ Part time Full time

Expected date of Graduation: \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_  
Month Year

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.*

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

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

3) Personal Statement: Tell us how you will advance nursing in the state of Ohio (no more than 100 words):

4) **CERTIFICATION:** Applicant must sign 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_