

Foundation of the National Student Nurses' Association, Inc.

In Memory of Frances Tompkins

Scholarship Application for Enrolled Nursing Students

Application is available on www.nsna.org, click on FOUNDATION

APPLICATION MAY BE COPIED FOR DISTRIBUTION
Deadline: MUST BE RECEIVED BY FRIDAY, JANUARY 15, 2010

History

The Foundation of the National Student Nurses' Association (FNSNA) was created in 1969 to honor Frances Tompkins, the Association's first Executive Director. Organized exclusively for charitable and educational purposes, FNSNA awards scholarships to qualified nursing students annually.

Scholarship recipients and sponsors are recognized at the National Student Nurses Association Annual Convention, Orlando, Florida, April 7-11, 2010 during the Opening Ceremony on Wednesday evening, April 7th.

Eligibility Requirements

FNSNA scholarship eligibility criteria include:

- Current enrollment and matriculation in a state-approved nursing program leading to an associate degree, baccalaureate, diploma, generic pre-licensure doctorate or generic pre-licensure master's degree; or enrolled in an RN to BSN completion, RN to MSN completion, or LPN/LVN to RN program;
Matriculation means the student has applied to a state approved nursing school and has been admitted into the nursing program.
- Pre-nursing students taking courses to prepare for matriculation into a nursing program;
- Attending classes and taking no less than six (6) credits per semester.
- Involvement in student nursing organizations and community health activities;
- Document academic achievement;
- Establish financial need;
- High school students are not eligible to apply;
- U.S. Citizen or Alien with U.S. Permanent Resident Status/Alien Registration Number;
- Students graduating prior to December 2010 are ineligible to apply.

Scholarships Awarded by FNSNA – General Program and Promise of Nursing Funds

The Foundation awards scholarships ranging from \$1,000 to \$5,000 annually. **Scholarships may be applied toward tuition, books, and academic fees only. The scholarship may not be used to pay any other expenses that the student incurs.**

General Scholarship Program

Approximately \$125,000 is awarded annually to nursing and pre-nursing students who meet the eligibility requirements. Membership in the National Student Nurses' Association (NSNA) is not required; however some scholarship sponsors require NSNA membership for eligibility.

- **Career Mobility Scholarships**

Career Mobility Scholarships are awarded to nursing or pre-nursing students who are registered nurses (RNs) enrolled in RN to BSN and RN to MSN completion programs; or licensed practical/vocational nurses (LPN/LVN) enrolled in programs leading to RN licensure. Applicants must submit a copy of their license. **Seniors in associate degree or diploma programs entering an RN to BSN or RN to MSN completion programs must submit proof of RN licensure at the time the scholarship check is issued.**

- **Breakthrough to Nursing Scholarships**

Breakthrough to Nursing Scholarships are awarded to individuals who are of racial and ethnic minorities under-represented in the nursing profession. Awards are given to students committed to providing quality health care services to underserved populations and who possess the necessary leadership skills to influence the delivery of quality care.

- **Specialty Nursing Scholarships**

Awarded to students interested in pursuing specialized areas of nursing practice. Refer to the Eligibility Checklist at the end of the application for list of specialties.

Note: The Decision Critical Nursing Student Excellence Scholarship is available to students wishing to pursue a career in Informatics (Technology in Nursing). To be considered for this scholarship, students must be enrolled in a BSN program.

- **McKesson Scholarships**

Open to all students enrolled in accredited programs leading to RN licensure.

Promise of Nursing Regional Scholarship Program

Promise of Nursing scholarship funds are raised at regional gala events sponsored by Johnson & Johnson. Contributions come from hospitals and health-care agencies, Johnson & Johnson, and national and regional companies with an interest in supporting nursing education. Scholarships are awarded to qualified applicants attending nursing programs in selected regions throughout the country. Those regions marked with an asterisk (*) are those regions where specific zip codes within that region are eligible. For further information about eligible zip codes within a specific region, please visit www.nsna.org – click on Foundation. **Eligible regions: California*, Florida*, Louisiana, Maryland, Massachusetts, Mississippi, Oregon, Pennsylvania, Tennessee, Texas* and Washington.**

Selection and Notification

Selection of scholarship recipients is based on academic achievement, financial need, and involvement in student nursing organizations and community health activities. All factors are carefully considered. A selection committee of faculty and students from various nursing programs is appointed to select recipients. Additional criteria may be required by sponsors.

Scholarship Award Payment

Upon verification that the recipient meets required enrollment criteria, the scholarship check is issued payable to the school for deposit in the recipient's tuition account.

IMPORTANT NOTICE TO ALL APPLICANTS

The completed application and associated documents become FNSNA property. Private information (i.e. social security number) is kept strictly confidential. By signing the certification and agreement, permission is granted to FNSNA to request and/or verify information in the application and in the tuition account from the Dean/Director and/or the Financial Aid Administrator of the nursing program.

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SCHOLARSHIP APPLICATION

INSTRUCTIONS Read carefully. Failure to follow all instructions may result in disqualification.

1. Complete sections 1 – 8 on the application. Section 9 is completed by Financial Aid administrator.
2. A non-refundable \$10 processing fee must accompany each application. Make check or money order payable to FNSNA. **(DO NOT SEND CASH)** Checks that are returned for insufficient funds or closed accounts render the application incomplete.
3. The dean/director of your program or other authorized representative must complete section #7. Please remember to put your name on this section.
4. The school/college Financial Aid Representative must complete Section #9.
5. Complete the top portion of the eligibility checklist and submit it with completed application.
6. An official college transcript is preferred. The FNSNA will accept an unofficial copy, if you are unable to obtain an official copy of your most recent college transcript to accompany this application. In addition, grade reports for the fall semester are acceptable if not reported on the transcript.
7. Members of the National Student Nurses' Association who wish to be considered for scholarships open only to NSNA members, must submit proof of membership with their application. NSNA Board of Directors and Nominating and Elections Committee are ineligible.
8. Students who wish to be considered for Career Mobility Scholarships must submit a copy of their registered nurse license or practical/vocational nurse license. Students entering RN to BSN or RN to MSN completion programs immediately upon graduation from associate degree or diploma programs must submit a letter of acceptance with the application or official confirmation that the application has been received by the new school. Proof of enrollment must be provided at the time the scholarship award check is issued.
9. All checks are made payable to the school towards the account of the scholarship recipient. Scholarship money will be used to offset the cost of tuition, academic fees and books.
10. Funds not used by the end of the scholarship-funding period are to be returned to FNSNA.
11. Attach a copy of your resume if you have been employed as an RN.
12. Do not include information that is not requested. Do not include photos.
13. Only complete applications will be considered. The Selection Committee does not accept separate documents after the application has been received.
14. Scholarship recipients are notified in March. **Only winners are notified.** Enclose a stamped, self-addressed postcard if you would like us to acknowledge receipt of your application.
15. Applicants must be a U.S. Citizen or Alien with U.S. Permanent Resident Status or hold an Alien Registration Number.

Mail completed application and supporting documentation to:
Foundation of the National Student Nurses' Association
45 Main Street, Suite 606
Brooklyn, NY 11201
Applications must be received by Friday, January 15, 2010.

Section 2: Academic History

Current School of Nursing _____

Address _____

City _____ State _____ Zip _____

Name of Dean / Director _____ Phone (____) ____ - _____

Year in School Freshman Sophomore Junior Senior

Expected Date of Graduation: Month _____ Yr _____

Type of Program

ADN (Associate Degree in Nursing)

BSN (Bachelor of Science in Nursing)

Diploma (Hospital-based School of Nursing)

Generic (pre-licensure) Doctorate

Generic (pre-licensure) Master's

RN to BSN Completion (Registered nurse pursuing a Baccalaureate in Nursing)

RN to MSN Completion (Registered nurse with a Diploma or Associate degree in nursing pursuing a Master's in Nursing)

Other (describe) _____

Type of School Public Private Not-for-profit Private for Profit

Current Enrollment Status Full Time Part Time Number of credits this semester _____

Please indicate the number of credits you plan to take during the following semesters:

Summer 2010 _____ Fall 2010 _____ Spring 2011 _____

Have you previously attended any other colleges and/or schools of nursing? Yes No

If you answered yes to the previous question, please list schools attended in the space provided below.

School _____ City _____ State _____

Major _____ Degree Earned _____ Year _____

School _____ City _____ State _____

Major _____ Degree Earned _____ Year _____

School _____ City _____ State _____

Major _____ Degree Earned _____ Year _____

Were you ever a pre-medical student? Yes No

Were you ever a student studying another health discipline? Yes No

If yes, please indicate which health discipline you were studying? _____

Are you pursuing a second career? Yes No

If yes, what was your first career? _____

Section 3: Transfer students and RN to BSN and RN to MSN Completion Students

If you are planning to transfer to another school or graduating from a Diploma or Associate Degree Program and entering an RN to BSN Completion or RN to MSN Completion program, complete the following:

Name of New School _____

Address _____

City _____ State _____ Zip _____

Anticipated date of enrollment: Month _____ Year _____

Reason for transfer: _____

Attach a copy of the application received or acceptance letter along with your application.
You are required to show proof of enrollment prior to release of scholarship funds to the school.

Section 4: Personal Statement

In the space below, briefly describe your professional and educational goals and how this scholarship will help you achieve those goals. You must use the space below--**do not attach a separate page**. You may paste your statement in the space below. **Use 12 pt type – no longer than 200 words.**

Section 5: Student Expenses and Resources

List projected *education-related* expenses and resources for the coming academic year, including summer school (if applicable).

NOTE: Review all of expenses and resources carefully and include all anticipated income and reasonable costs that you/your family will incur during the academic year.

A. Tuition, fees, books, etc. (school supplies)	_____	Total expected Income for Student	_____
B. Spouse/Dependent Tuition	_____	Total expected income for Spouse	_____
C. Rent & Utilities	_____	Other expected income	_____
D. Food & Household supplies	_____	Financial Assistance	
E. Clothing, Laundry, etc.	_____	<input type="checkbox"/> Parent's Contribution	_____
F. Transportation	_____	<input type="checkbox"/> Grants/Scholarships	_____
G. Medical/Dental	_____	*Include only grants/scholarships you will utilize*	
H. Other Expenses related to your education only	_____	<input type="checkbox"/> Loans	_____
		Include only loans you will utilize	
		<input type="checkbox"/> VA/GI Benefits	_____
		<input type="checkbox"/> Social Security Benefits	_____
		<input type="checkbox"/> Other _____	_____
I. Total Expenses	_____	Total Resources	_____

What is your current living situation? Rent Own Home Live w/Parents Dormitory

Do you have dependents for which you provide at least half of their support? Yes No

If yes, how many dependents do you provide support for? _____

Are you currently serving in the Military? Yes No If so, which branch? _____

Are there any other immediate family members attending college? Yes No

Have you previously received a scholarship through the FNSNA? Yes No

List scholarships you have received in the past year and those approved for in 2010 - 2011.

<u>Scholarship/Award</u>	<u>Amount</u>	<u>Awarded By</u>	<u>Renewable for 10-11? Y/N</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Nursing Student Organization Involvement, Community Activities, Honors and Awards

Indicate activities and organizations that you have participated in as a nursing student. Please indicate membership of organizations by checking the appropriate box.

	Name of Organization	National	State	School Chapter
Membership (Attach proof of membership if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected Office		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chairperson		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative or Delegate Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list additional activities that are not included in the table above:

Organization	Activity	Dates of Service

Please list all honors and awards that you have received:

Honors and Awards	Awarded by	Date Received

Section 7: Dean/Program Director's Certification (or designated representative)

This section must be completed by the Dean or Program Director or authorized designee at the school you are attending.

To be completed by the student:

Student's Name _____

To be completed by Dean or Program Director of Nursing Program (or authorized designee)

Please answer the following questions:

1. Has the student made significant contributions to the school, community, and nursing? If yes, please describe.

2. Has the student demonstrated academic excellence? Please include current cumulative grade point average and class standing.

3. Please add any other important factors that you believe to be relevant to the student's application for financial assistance.

I hereby certify that I have answered these questions to the best of my knowledge and recommend this student for consideration for the scholarships for which he/she is applying.

Name _____ Title _____
Print *Print*

Signature _____ Date _____

Phone (____) _____ E-Mail Address _____

Section 8: Certification and Agreement

Last Name: _____ First Name: _____ M.I. _____

I hereby request consideration and believe myself to be eligible to apply for a scholarship administered by FNSNA. I have completed all necessary paperwork and certify that all information supplied on this application is complete and correct. I understand that: falsification of my application, transcripts or other attachments will disqualify my application; failure to follow all instructions to complete the application will render my application incomplete; and that all FNSNA Board of Trustees decisions are final.

I understand that the completed application and associated documents become FNSNA property. By signing this agreement, permission is granted to FNSNA to request and/or verify information in the application and in my tuition account from the Dean/Director and/or the Financial Aid Administrator of the nursing program.

If I am a recipient of a scholarship administered by the FNSNA and funds are awarded to me, by signing this agreement I also agree to the terms:

- Scholarship funds will only be used towards tuition, academic fees, and books for the summer 2010, fall 2010 and spring 2011 semesters. This scholarship will not be used to pay any other charge or expense I may incur while I am in nursing school.
- To enroll as a part time (minimum 6 credits) or full time nursing student or pre-nursing student.
- Scholarship funds will only be released to the school, specifically to the Office of Financial Aid or Bursar. The check is made payable to the school towards my tuition account at the school.
- Scholarship funds cannot be applied to any other program except that program indicated on this application.
- To notify the Foundation of the National Student Nurses' Association of any change in my enrollment status or program status. If I transfer to another school of nursing before the tuition is paid, the total scholarship amount must be returned to FNSNA. I understand that I must write to FNSNA to request that funds be applied to tuition at the new school. I also understand that I must provide enrollment verification from the new school Registrar's Office along with my written request.
- Funds may not be used for graduate education with the exception of: generic masters and generic doctoral programs that prepare students for RN licensure; or for career mobility RN to MSN scholarships.
- If funds remain after tuition and academic fees are paid, the total amount remaining must be returned to the FNSNA. Remaining funds may not be used for the following academic year. I grant FNSNA permission to request information from my school about my tuition account.
- If I withdraw from the nursing program **BEFORE** tuition is paid, **all** funds are to be returned to the FNSNA. If I withdraw from the nursing program **AFTER** tuition is paid, **all** funds are to be returned to FNSNA.
- Notify FNSNA of any change in address, phone number, or e-mail address.
- I authorize NSNA to provide the scholarship sponsor with my contact information.

I have read the above information thoroughly and certify that if I am awarded a scholarship administered by the FNSNA, I agree to the terms and conditions of the scholarship outlined herein.

Student Signature _____ Date _____

Section 9: Financial Aid Certification**To be completed by Financial Aid Administrator Only (Enclose with scholarship application)**

Please provide us with the most current information available on the above named student.

1. Total Cost of Attendance \$ _____
 Estimate Actual For which academic year? _____
 Tuition/Fees _____ Room & Board _____
 Loan Fees _____ Transportation _____
 Books _____ Personal/Misc. _____
2. Has the student completed a FAFSA form? Yes No
3. Total Estimated Family Contribution (EFC) \$ _____
4. Is the student: Dependent Independent
5. What are the student's current housing plans? On Campus Off Campus With Parents
6. Using the 4.0 scale, what is the student's current cumulative grade point average? _____
7. Is the student a U.S. Citizen? Yes No
8. Is the student an Alien with U.S. Permanent Resident Status and holds an Alien Registration Number? Yes No
 If yes, please provide the Alien registration number _____
9. What is the per credit tuition rate for 2010 - 2011 at your school? _____
10. Type of School Public Private Not-for-profit Private For Profit
11. Estimate of financial need to support tuition, academic fees, and books for this student:
 Very High High Moderate Low No Need
12. What is your institution's Federal Tax Identification number? _____

FAA Name _____ Title _____

Signature _____ Date _____

School _____

Phone (_____) _____ Ext # _____ E-Mail _____

► If this student is awarded a scholarship, checks are sent to the financial aid or bursar's office for deposit in the student's tuition account. Please indicate the mailing address where the check is to be mailed:

Send to attention of: _____

Mailing Address _____

City _____ State _____ Zip _____

Thank you for completing this form!

Student's Name _____

Last

First

MI

Please provide the zip code of the school that you attend: _____

Please provide the zip code of the school that you are transferring to, if applicable: _____

ELIGIBILITY CHECKLIST

Please check all that apply:

- NSNA Member verification enclosed (optional)
- American Association of Critical Care Nurse member certification enclosed (optional)
- General Scholarship Program
- Promise of Nursing Program
- Career Mobility Scholarships – please indicate:**
- RN to BSN completion program (copy of license enclosed)
- RN to MSN completion program (copy of license enclosed)
- LPN/LVN to RN (copy of license enclosed)
- Breakthrough to Nursing (see Section 1)

Planned Area of Specialization

- Anesthesia Nursing
- Critical Care
- Emergency
- Gerontology
- Informatics (Technology in Nursing)
- Nephrology
- Nurse Educator
- Oncology
- Orthopedic
- Perioperative
- _____
- _____
- _____

Current Program

- ADN (Associate Degree in Nursing)
- BSN (Bachelor of Science in Nursing)
- Diploma (Hospital-based School of Nursing)
- Generic Doctorate
- Generic Master's
- RN to BSN Completion (Registered nurse pursuing a Bachelor's in Nursing)
- RN to MSN Completion (Registered nurse with a Diploma or Associate degree in nursing pursuing a Master's in Nursing)
- Other (describe) _____
- I have attached my essay with my professional and educational goals.
- I have enclosed the \$10 check/money order application processing fee.

Scholarship recipients are notified in March. Only winners are notified.

Deadline: Received by Friday, January 15, 2010

Questions, contact Lauren Sperle

**(please review document carefully and be ready with your questions before you call)
(718) 210-0705**

DO NOT WRITE BELOW THIS LINE

FOR FNSNA USE ONLY

Eligible for Promise of Nursing (based on zip code)

YES NO Region: _____

- Application Complete
- Application Incomplete

Reason: _____

2010 - 2011 Application: _____ Date: _____