

## FUTURE NURSE LEADERSHIP SCHOLARSHIP

Dear Applicant:

Thank you for your interest in applying for a Future Nurse Leadership Scholarship. Following is a list of documents required for your scholarship application to be considered and all forms have been included in this packet.

- Completed Application Form
- Personal Narrative
- 2 Letters of Recommendation
- Copy of ACT and/or SAT Scores
- **Current High School Students** must provide copy of Acceptance Letter into an accredited School of Nursing BSN Program
- **Current High School Students** must provide copy of High School Transcript
- **Current BSN Nursing Students** must provide copy of *unofficial* College Transcript

### **Application Submission:**

Scan all completed forms and required documents as PDF to [scholarship@vnahg.org](mailto:scholarship@vnahg.org)  
**OR** send by fax to 732-922-0986. Closing date is Tuesday, April 14, 2020.

For additional information or any questions, please contact Debbie Clayton by email at [scholarship@vnahg.org](mailto:scholarship@vnahg.org) or telephone 732-219-7454.

Sincerely,



Ellen Gusick, RN BSN  
*Chief Nursing Officer*

## **FUTURE NURSE LEADERSHIP SCHOLARSHIP**

### **Scholarship Purpose:**

To provide financial assistance to qualified generic BSN students pursuing a career in nursing.

### **Award:**

Scholarship Award is \$1,000 and two applicants will be selected.

### **Eligibility Requirements:**

- Resident of New Jersey or Ohio
- Enrolling/Enrolled in 2020 Fall Semester of accredited School of Nursing BSN Program
- BSN student, part-time or full-time

### **Applicant must submit the following required documents:**

- Completed Application Form
- Personal Narrative
- 2 Letters of Recommendation
- Copy of ACT and/or SAT Scores
- **Current High School students** must provide copy of Acceptance Letter into an accredited School of Nursing BSN Program
- **Current High School students** must provide copy of High School Transcript
- **Current BSN students** must provide copy of *unofficial* College Transcript

### **Method of Payment:**

A one-time scholarship award of \$1,000 sent by check directly to the University/College for deposit into the awardee's student account for the 2020 Fall Semester.

### **Application Submission:**

Scan all completed forms and required documents as PDF to [scholarship@vnahg.org](mailto:scholarship@vnahg.org)  
**OR** send by fax to 732-922-0986. Closing date is Tuesday, April 14, 2020.

### **Questions:**

Please contact Debbie Clayton by email at [scholarship@vnahg.org](mailto:scholarship@vnahg.org) or by telephone 732-219-7454.



FOR OFFICE USE ONLY

Date Received \_\_\_\_\_
Transcript \_\_\_\_\_
ACT/SAT Scores \_\_\_\_\_
Letter of Acceptance into School of Nursing \_\_\_\_\_
College/University \_\_\_\_\_
Essay \_\_\_\_\_
References \_\_\_\_\_

FUTURE NURSE LEADERSHIP SCHOLARSHIP

Application

FULL NAME: \_\_\_\_\_
(Last) (First) (Middle)

MAILING ADDRESS: \_\_\_\_\_
(Street) (Apt#)
(City) (State) (Zip Code)

TELEPHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HIGH SCHOOL:

I am currently attending: \_\_\_\_\_
(Name of High School)

Anticipated Graduation Date: \_\_\_\_\_

SCHOOL OF NURSING: (check one below)

\_\_\_ I am currently a nursing student in a BSN Program. I am enrolled in the 2020 Fall Semester at:

\_\_\_ I am just beginning the journey of becoming a nurse in a BSN Program. I am enrolling/enrolled in the 2020 Fall Semester at:

\_\_\_\_\_(Name of College or University) \_\_\_\_\_(State)

GROUP INVOLVEMENT / VOLUNTEER ACTIVITIES:

Are you a member of any group, club, or association? Yes \_\_\_ No \_\_\_

If yes, please list all. \_\_\_\_\_

Do you currently volunteer in the community? Yes \_\_\_ No \_\_\_

If yes, please list all. \_\_\_\_\_

## **FUTURE NURSE LEADERSHIP SCHOLARSHIP**

### *Personal Narrative*

**Not to exceed one page (typed) answering the following:**

- **What attributes do you feel you possess that will make you a good nurse?**
- **What do you want to do with your nursing education?**
- **Share a life changing experience you feel has impacted on who you are.**
- **Share something you have done on your own or as part of a group that you feel made a difference in someone else's life or in your community.**

## FUTURE NURSE LEADERSHIP SCHOLARSHIP

### *Letter of Recommendation (1 of 2)*

To: \_\_\_\_\_  
(First) (Last)

From: \_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Applicant's Address)

\_\_\_\_\_  
(Applicant's Telephone #)

I am applying for a VNA Scholarship. I authorize you to provide information regarding my academic, personal qualifications/achievements/potential.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Reference Name & Title: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Comments regarding academic, personal qualifications/achievements/potential:  
(please use additional sheet if necessary)

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

## FUTURE NURSE LEADERSHIP SCHOLARSHIP

### *Letter of Recommendation (2 of 2)*

To: \_\_\_\_\_  
(First) (Last)

From: \_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Applicant's Address)

\_\_\_\_\_  
(Applicant's Telephone #)

I am applying for a VNA Scholarship. I authorize you to provide information regarding my academic, personal qualifications/achievements/potential.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Reference Name & Title: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Comments regarding academic, personal qualifications/achievements/potential:  
(please use additional sheet if necessary)

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_