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 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 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 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 or by telephone 732-219-7454.

February 2020
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.  ________________________________________________

________________________________________________________________________

02/2020

Must be received not later than Tuesday, April 14, 2020
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 ____________________________

02/2020