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 PDFs to scholarship@vnahg.org OR send by fax to 732-784-9710. Closing date is Friday, April 14th, 2023. Incomplete applications will not be considered.

For additional information or any questions, please email scholarship@vnahg.org.

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 each with two applicants selected.

Eligibility Requirements:
- Resident of New Jersey, Ohio or Florida
- Enrolling/Enrolled in 2023 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 2023 Fall Semester.

Application Submission:
Scan all completed forms and required documents as PDFs to scholarship@vnahg.org OR send by fax to 732-784-9710. Closing date is Friday, April 14, 2023.

Questions:
Please email scholarship@vnahg.org.
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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 2023 Fall Semester at:

____ I am just beginning the journey of becoming a nurse in a BSN Program. I am enrolling/enrolled in the 2023 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. __________________________________________________________

__________________________________________________________________________

Must be received not later than Friday, April 14th, 2023

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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.
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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 ________________________________

02/2023