We Are Thrilled to Announce That This Year’s Future Nurse Scholarships Will Be Awarded to Two Qualifying VNAHG Employee Family Members or Friends ($1000 Each)

The following criteria is mandatory for consideration:

- High School Senior that has been Accepted into a BSN Program for Nursing
- Demonstrated Excellence in the Classroom and Outstanding Leadership Skills
- A Family Member or Friend of Any VNAHG/Operating Entity Employee

GETTING STARTED

☐ 1. Complete the Future Nurse Leadership Scholarship Application (Form Attached)
☐ 2. Compose a Personal Narrative Essay (Instructions Attached)
  ☐ a. Attach ACT Report or SAT Scores
  ☐ b. Attach Official High School Transcript
  ☐ c. Attach Two (2) Recommendation Letters (Forms Attached)
  ☐ d. Attach Letter of Acceptance from an Accredited College/University
☐ 3. Email Completed Package to patricia.scherer@vnahg.org or fax to 732-784-9710

***DEADLINE FOR ALL SUBMISSIONS IS APRIL 19, 2024***
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 for the two applicants selected.

Eligibility Requirements:
- High School Senior that has been Accepted into a BSN Program for Nursing
- Demonstrated Excellence in the Classroom and Outstanding Leadership Skills
- A Family Member or Friend of Any VNAHG/Operating Entity Employee
- 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

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 2024 Fall Semester.

Application Submission:
Scan all completed forms and required documents as PDFs to patricia.scherer@vnahg.org OR send by fax to 732-784-9710. Closing date is Friday, April 19, 2024.

Questions:
Please email patricia.scherer@vnahg.org.
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:

I am just beginning the journey of becoming a nurse in a BSN Program. I am enrolling/enrolled in the 2024 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 influenced you 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 __________________
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: ________________________________

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(please use additional sheet if necessary)

Signature of Reference ________________________________  Date ________________________________