



**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](mailto: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](mailto: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](mailto: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 \_\_\_\_\_

## 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 \_\_\_\_\_