



**We are excited to announce that applications are being accepted for:**

## **\$1,000.00 Future Nurse Scholarship**

**To Be Awarded to a Qualifying VNAHG Employee Family Member or Friend**

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 13, 2026\*\*\***

## **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 for the candidate 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 will be issued to the recipient by check at the Nurse's Week Event chosen by recipient.

### **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 Monday, April 13, 2026.

### **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 2025 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 \_\_\_\_\_