

PLEASE POST AND ANNOUNCE

HISPANIC NURSING STUDENT SCHOLARSHIP

TO: Nursing Program Directors and Financial Aid Offices
FROM: National Association of Hispanic Nurses, Valle del Sol Chapter
DATE: February 2008
RE: Hispanic Student Nurse Scholarships

The National Association of Hispanic Nurses, Valle del Sol Chapter, is offering three \$1000 scholarships, each semester, to eligible Hispanic nursing students. The award amount is given directly to the student upon selection. Scholarship application forms and eligibility criteria are enclosed. Please feel free to copy and distribute this scholarship opportunity. **Application deadline is March 1st.**

You may visit our website at www.nahn-phx.org. For further questions contact a board member at 602-628-5215.

**National Association of Hispanic Nurses
Valle del Sol Chapter
PO Box 67545
Phoenix, AZ 85082**





**NATIONAL ASSOCIATION OF HISPANIC NURSES
Valle del Sol Chapter**

Financial Screening Form

Applicant's Marital Status: Single _____ Married _____ Other _____

Applicant's occupation (be specific) _____

Applicant's employer _____ 2007 Gross Annual Income \$ _____

The total size of applicant's household during 2008 (include applicant, spouse, and dependents) _____

Number of dependents, if any _____

Spouse's Name _____

Spouse's Employer _____ 2007 Gross Annual Income \$ _____

Number of who will be in college full-time in 2008 _____

Indicate how you financed your past and current education to date. (indicate dollar amount):

Own earnings \$ _____ Spouse \$ _____
 Friends/Relatives \$ _____ Scholarships (amount per year) \$ _____
 Loans \$ _____ Other (specify) \$ _____

List any debts or pertinent information when considering financial need:

**APPLICATION DEADLINES:
MARCH 1ST AND OCTOBER 1ST
NATIONAL ASSOCIATION OF HISPANIC NURSES
Valle del Sol Chapter**

Scholarship Application

APPLICANT NAME _____ DATE _____

ADDRESS _____

CITY _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____

NURSING PROGRAM OF STUDY (L.P.N., A.D.N., B.S.N., M.S.N. or DOCTORAL) _____

INSTITUTION _____

DATE/SEMESTER ACCEPTED INTO PROGRAM OF STUDY _____

ANTICIPATED GRADUATION DATE _____

ARE YOU A CURRENT MEMBER OF NAHN? YES _____ NO _____
(Not required, but recommended)

If awarded scholarship monies, I will use the money for tuition, books, school-related expenses, or NAHN National conference registration and become a student member of the organization. I will attend a minimum of three Valle del Sol Chapter meetings in one calendar year. I will also make a personal **Commitment to be active in NAHN Valle del Sol, which will contribute to the ongoing success and mission of NAHN.** If this obligation is not met, I will not be eligible for any future NAHN Valle del Sol scholarships.

(If awarded the scholarship, \$35 will automatically be deducted from the \$1000 for National Student membership dues of \$25 and \$10 for the local Phoenix Valle del Sol Chapter dues).

Signature _____ Date _____

**NATIONAL ASSOCIATION OF HISPANIC NURSES
Valle del Sol Chapter**

Hispanic Student Nurse Scholarship Award

PURPOSE:

The \$1,000 scholarship award is to assist in the professional development of a Hispanic nursing student pursuing academic endeavors in nursing.

ELIGIBILITY CRITERIA:

1. Nursing student of Hispanic descent.
2. Accepted and currently taking courses in an accredited L.P.N, A.D.N., B.S.N., M.S.N. or Doctoral Program in nursing.
3. Resident of Maricopa County and demonstrated financial need.
4. Minimum cumulative GPA of 3.0
5. Current transcripts (Unofficial transcripts accepted) from the school that the student is enrolled in, which includes a typewritten current GPA. (No handwritten GPA is accepted).
6. Submission of one of the following items:
 - A. Written essay which includes the following topic: “What can you as a Hispanic nurse contribute to the nursing profession?” The essay should be 1-2 double-spaced typewritten pages and be grammatically correct. Original, creative ideas, included in essay content, are encouraged.
 - B. Two letters of recommendation from Professors stating why applicant should be considered for the scholarship.
7. If granted the scholarship, the recipient will become a student member of NAHN-Valle del Sol Chapter, attend a minimum of three meetings in one calendar year, and also make a personal **Commitment to be active in NAHN Valle del Sol, which will contribute to the ongoing success and mission of NAHN.** If this obligation is not met, the recipient will not be eligible for any future NAHN Valle del Sol scholarships.

CANDIDATE SELECTION:

Four candidates per academic year will be selected. Awards are given directly to the student upon selection. Selection preference is based on the following, respectively:

1. Completed application and submission of all documents listed above **by deadline.**
2. Quality, content and grammar of written essay or letters of recommendation (written essay is preferred by the Scholarship Committee).
3. Demonstrated financial need.
4. Cumulative GPA.

The selected candidate must use the award for tuition, books, school-related expenses or NAHN National Conference registration. The awardees will be honored at the Valle del Sol Annual Benefit Dance, which is held annually in September.

**SEND ALL APPLICATION DOCUMENTS TO:
NAHN-VALLE DEL SOL CHAPTER
PO BOX 67545 PHOENIX, AZ 85082**