

VIRGINIA LEAGUE FOR NURSING
APPLICATION FOR SCHOLARSHIP ASSISTANCE
2017-2018 Application

PURPOSE:

To provide financial assistance for worthy students preparing for a career in the nursing profession.

SCHOLARSHIPS:

- A. The Virginia League for Nursing will award five \$500.00 scholarships to selected applicants for the upcoming school year/term. There will be one scholarship for each of the following categories:
 - Practical Nursing
 - Associate Degree Nursing
 - Baccalaureate Nursing
 - Master's Nursing
 - Doctorate Degree
- B. Scholarship recipients will be selected by the Scholarship Committee, Virginia League for Nursing. Recipients will be selected without regard to race, gender, religion, age, national origin, marital status, or disability. All information will be held in strict confidence.
- C. Awards will be paid by the Virginia League for Nursing directly to the school of nursing, college, or university attended by the recipient, for application to his/her account.
- D. A complete application is attached.

ELIGIBILITY REQUIREMENTS AND GENERAL INFORMATION:

- I. The applicant must be a United States citizen and a Virginia resident.
- II. The applicant must be a member of the Virginia League for Nursing. If you are not a current member you may send in your application for membership along with the scholarship application.
- III. The applicant must have been accepted for admission to a school of nursing that is nationally accredited (i.e. CNEA, ACEN, CCNE). Doctoral students must have been accepted for admission to a nursing or closely related program (Ex. DNP, PhD, EdD) that supports the profession of nursing.
- IV. Scholarships will be awarded on the basis of academic record and financial need.
- V. Applicant's parents or guardians must submit scholastic and financial data, if applicable.
- VI. Applications must be filed by **December 1, 2017**.
- VII. Scholarship awards will be formally announced during the VLN Annual Meeting.
- VIII. Since failure to complete nursing education defeats the purpose of the Scholarship Program, reimbursement to the Scholarship Fund is required of recipients who voluntarily withdraw from the nursing curriculum or who are asked to leave for academic or other reasons. Such recipients are responsible for informing the Committee of termination of study and making arrangements for repayment of the award.
- IX. Completed applications should be sent to:

Kathryn Mauch EdD, MSN, RN, CNE
Scholarship Chair
Virginia League for Nursing
6009 Homehills Road
Mechanicsville, VA 23111

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SECTION 1 – PERSONAL DATA

Legal Name: _____
Last First MI Maiden

Permanent Address: _____
Street Address

_____ City State Zip

Day Phone Number: _____ Evening Phone Number: _____

E-Mail Address: _____

Date of Birth: _____ State of Legal Residence: _____

Dependency Status: _____ (Independent or Dependent)

SECTION 2 – NURSING EDUCATION

School of Nursing/
College/University: _____

Student ID
Number: _____

Address: _____
Street Address

_____ City State Zip

Phone Number: _____

Enrollment Status:

- Full-time Student
 Part-time Student If part-time, how many credit hours are you taking? _____

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SECTION 4 WORK EXPERIENCE

Check here if you have never been employed, and skip to Section 5.

Position	Name of Employer	City/State	Dates of Employment	Reason for Leaving

SECTION 5 – OTHER HEALTH-RELATED AND/OR CIVIC EXPERIENCES

Check here if you have never been involved in any health related and/or Civic activities, and skip to Section 6.

Position	Organization	City/State	Dates of Work	Duties

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SECTION 6 – OTHER FINANCIAL ASSISTANCE

*List expenses you expect to incur per semester or quarter (approximate figures acceptable):
Additional comments as necessary.*

EXPENSE	AMOUNT
Tuition	
Books	
Room & Board	
Other Expenses	
Other Expenses	
TOTAL	

List other financial assistance you will receive per semester or quarter:

FINANCIAL ASSISTANCE	AMOUNT
Personal	
Other Scholarship(s)	
Grant(s)	
Student Loan(s)	
Other Financial Resources	
TOTAL	

PLEASE SUBMIT A TRANSCRIPT OF GRADES FROM LAST EDUCATIONAL PROGRAM ATTENDED AND CURRENT NURSING PROGRAM.

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STATEMENT OF APPLICANT

If I am awarded a scholarship, it is my intention to complete the educational program outlined and to serve as a member of the profession for which I am prepared. I agree to inform the Virginia League for Nursing of the source and amount of any other scholarship assistance I may receive.

I agree to inform the Virginia League for Nursing immediately if I am no longer interested in continuing my nursing education, in which case I agree to reimburse the Virginia League for Nursing Scholarship Fund for monies advanced.

I agree that this application and all credentials submitted by me and others on my behalf are true to the best of my knowledge, and that these will remain the property of the Virginia League for Nursing.

DATE _____

SIGNATURE OF APPLICANT _____

STATEMENT OF NURSING/EDUCATION PROGRAM

Statement of eligibility requirements for Admission to program for preparing Registered or Licensed Practical Nurses or for a Health-Related Graduate Program:

I certify that _____ fulfills the requirements for admission to _____ (College/University). In my opinion, _____ is a worthy applicant and I recommend that he/she be considered for a Virginia League for Nursing Scholarship. His/her current grade point average is _____ on a _____ point system at the end of the _____ quarter/semester.

Date of entrance: _____

COMMENTS:

DATE: _____

SIGNATURE OF DEAN OR DIRECTOR: _____