NAHN-MI will award four \$1000 Scholarships to Hispanic nursing students. The scholarships will be awarded at the 2014 NAHN-MI Scholarship Fundraiser, Friday, November 7, 2014 in Detroit, Michigan.

Eligibility Criteria

- 1. Applicants must be members of NAHN & NAHN-MI. Non-members may apply but if selected to receive a scholarship, the membership cost will be deducted from the scholarship (currently \$40 for student & \$125 for Full/RN membership).
- Undergraduate Hispanic students enrolled in a generic nursing program in the State of Michigan or Ohio. Hispanic nurses in MS/MSN or PhD/DNP program. RN to BSN students are not eligible.
- 3. Completion of at least one semester of nursing curriculum for ADN, BSN, MS, MSN, PhD or DNP students. LPN students currently enrolled in a LPN program.
- 4. Minimum grade point average of 2.75 for undergraduate and 3.00 for graduate students.
- 5. Prior recipients of NAHN Michigan Chapter Scholarships are not eligible to apply.

Instructions

- Submit one letter of recommendation from a nursing school faculty member on letterhead
 from the enrolled institution. This letter should outline the applicant's potential contribution to
 the nursing profession or actual contributions if a graduate student. Also describe how they
 act as a role model for aspiring nursing students or their capability to do so in the future.

 Any application without a proper letter from a nursing faculty member will be considered
 incomplete. Letters from Biology, Anatomy & Physiology instructors, etc., are not
 considered nursing faculty.
- 2. Information on the Scholarship Application Form must be typed or printed. If illegible, the application will not be evaluated. Copies of certifications, academic honors, community awards, and scholarships listed on application are required.
- 3. Submit a typed essay no longer than 2 pages, double-spaced, 1" margins and 12 font, Times New Roman. This essay should include personal background information, school involvement, community service, goals after graduation, and how you plan to serve the NAHN Michigan Chapter in the upcoming year.
- 4. Scholarship recipients will agree to 10-20 hours of volunteer service to the NAHN Michigan Chapter to be completed within one year of receipt of the scholarship. This may include but is not limited to:
 - ** Participation in fundraiser event activities
- **Attendance at NAHN MI Chapter meetings
- **Health fair participation and/or organization
- **Clerical assistance; i.e. mailing/emailing, etc.
- **Assistance with Social Media
- 5. One current sealed transcript from the College/University is required.
- 6. All materials should be submitted in a single U.S. mailing POSTMARKED by October 10, 2014. Transcripts may be mailed separately if coming from the college/university.
- 7. ANY INCOMPLETE OR LATE SCHOLARSHIP APPLICATION WILL NOT BE EVALUATED.
- 8. It is the applicant's responsibility to confirm that we have received the application packet.

Check List

- 1. Completed NAHN MI Scholarship Application with copies of certifications, awards & scholarships included
 2. Typed Essay, 12 font, double-spaced, maximum of two pages
 3. One Current <u>Sealed</u> Transcript
 4. One Letter of Recommendation from a Nursing Faculty Member
- 5. PLEASE MAIL ALL MATERIALS **BY October 10, 2014** TO:

NAHN-MI Chapter Scholarship Committee c/o 769 Fox River Drive Bloomfield Twp, MI 48304

> For Questions contact Dottie Rodriguez: 313-282-8471 or dottierodr@aol.com

SECTION I – DEMOGRAPHICS

Name:							
First	Middle Initial		Last				
Mailing Address:							
	Street Address	City	State	Zip			
Permanent Address	S <u>:</u>						
(If different from above)	Street Address	City	State	Zip			
Home/Cell Phone:_							
School E-mail addre	ess:	_					
Personal E-mail add	dress (If different):						
Hispanic Origin:							
•	f NAHN-MI Scholarship Prog	•	member, websit	e, school of			
	ived a NAHN Michigan schol ts of NAHN Michigan Chapter S						
SECTION II - EDUCAT	<u>TION</u>						
I am currently enrol	led in the following program:						
□ LPN□ □ ADN □ BSN □ MS/MSN □ PhD/DNP							
	ST HAVE COMPLETED ONE S FOR ADN, BSN, MS, MSN, Phl OR PRESENTLY ENROLLED	D, or DNP PROG	<u>RAMS</u>	<u>RICULUM</u>			
Name of Nursing So	chool:						
School Address:							
City:	State	: <u>Michigan</u>	Zip:				
Phone:							
Expected Date of G	raduation (Month/Year):						

List all the educational programs attended and degrees received: (Please use back of page if necessary)

1.								
School/College/University	Years Attended	Degree	Year Graduated	Major				
2.								
2. School/College/University	Years Attended	Degree	Year Graduated	Major				
3School/College/University	Years Attended	Degree	Year Graduated	Major				
SECTION III – CERTIFICATIONS, ACADEMIC HONORS, COMMUNITY AWARDS & SCHOLARSHIPS								
Copies of certifications, honors,	awards & scholars	hips need i	to be included with th	ne application				
List all certifications of special	I training you have	e received	(Examples: BLS, ACL	.S, CMA, CNA)				
1.		2.						
<u>3</u> .		4.						
<u>5</u> .								
List any academic honors, community awards and scholarships received within the last five (5) years: (Please use back of page if necessary)								
1								
2								
3								
4								
5								
6.								
0								
I ACKNOWLEDGE THAT THE ABOVE INFORMATION ON THIS SCHOLARSHIP APPLICATION IS CORRECT, AND I AGREE TO THE TERMS OF THIS APPLICATION. ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION AND ANY FUTURE NAHN-MICHIGAN CHAPTER SCHOLARSHIPS.								
Signature		Date						