**DISTRICT THREE, ONA**

**SCHOLARSHIP FUND**

 **Nurses Make a Difference Award**

District Three, ONA believes nurses make a difference. In an effort to support our belief and concern for nursing in the twenty first century, District Three has established a scholarship fund to assist nurses in their educational pursuits. Education is the foundation of nursing’s professional growth and it is our hope these scholarships will enable another nurse to make a difference.

Three scholarships may be awarded.

1. One or two $500.00 scholarships may be awarded to registered nurses, members of District Three, enrolled in a B.S.N. completion program.

The B.S.N. completion Nursing Scholarships are awarded based on financial need and a GPA of 2.5. Any District Three, ONA member who is enrolled in an approved B.S.N. completion program may apply. The Nursing Program must be accredited (NLN, AACN, etc)

2. A $500.00 scholarship may be awarded to a student enrolled in a generic BSN program based on financial need and a GPA of 2.5. The student must be enrolled in an approved Baccalaureate in Nursing Program which must be approved.

3. One $500.00 scholarship may be awarded to **a District Three member** based on financial need and a GPA of 2.5 who is enrolled in an approved Masters in Nursing Program. The Nursing Program must be NLN, AACN, etc. accredited.

4. An application form with two reference forms may be obtained after March 1, 2022, and must be submitted no later than June 30, 2022, to: District Three, ONA

 Williamsburg West

 5669 Mahoning Ave., Suite C

 Youngstown, OH 44515

 Attn: Scholarship Committee

No application will be considered complete if the two letters of reference are not submitted by the application deadline. References should be requested of professional colleagues.

 5. Dates: Application Period: March 1 - June 30

 Application Deadline: June 30

 Decision Made By: August 1

 Money Awarded: August 5 of each year.

**DISTRICT THREE, ONA**

**NURSES MAKE A DIFFERENCE SCHOLARSHIP FUND**

**APPLICATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK SCHOLARSHIP YOU ARE APPLYING FOR:**

 \_\_\_\_\_ $500 BSN Completion\* \_\_\_\_\_ $500 MSN\* \_\_\_\_\_ $500.00 Generic BSN

**\*Note: BSN, RN, Completion and MSN require current ONA/District Three Membership -**

 ONA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a recipient in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

What school of nursing are you attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List credit hours completed in actual nursing courses, including clinicals.

 \_\_\_\_\_ Hours Semester/Quarter (circle one)

 School is NLN Accredited Yes \_\_\_\_\_ No \_\_\_\_\_

Anticipated date of graduation from nursing program \_\_\_\_\_Month \_\_\_\_\_ Year

List and date your most recent GPA. GPA \_\_\_\_\_ Date \_\_\_\_\_

Are you eligible to receive tuition reimbursement from your employer?

 Yes \_\_\_\_\_ No \_\_\_\_\_ Amount received per term \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive any other financial assistance? Yes\_\_\_\_\_ No \_\_\_\_\_ Amount received per term \_\_\_\_\_\_\_\_\_\_

How many dependents do you have?

 Self \_\_\_\_\_ Self +1 \_\_\_\_\_ Self+2 \_\_\_\_\_ Other \_\_\_\_\_

Annual Household income: (self \_\_\_\_\_\_\_ self/spouse \_\_\_\_\_\_\_ self/parents \_\_\_\_\_\_)

 $0-$10,000 \_\_\_\_\_ $10,001-$20,000 \_\_\_\_\_ $20,001-$30,000 \_\_\_\_\_

 $30,001-$40,000 \_\_\_\_\_ Over $40,000 \_\_\_\_\_

 Own home \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_ On Campus \_\_\_\_\_

List the names and addresses of at least two professional colleagues who may be forwarding references. Your application will not be complete if two letters of reference are not submitted by the application deadline.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of acceptance in the Nursing Program must accompany this application. A copy of your acceptance letter from the school of nursing will be considered proof of acceptance.

Please state and discuss goals that you plan to achieve as a professional registered nurse on a separate piece of paper attached to this application. (Limit statement to one page, double-spaced)

**DISTRICT THREE, OHIO NURSES ASSOCIATION**

WILLIAMSBURG WEST, 5669 MAHONING AVENUE, SUITE C

YOUNGSTOWN, OHIO 444515

**RECOMMENDATION FORM**

PLEASE COMPLETE AND RETURN IMMEDIATELY

**To the Applicant:** Two recommendations are required for application for any of the scholarships. Please fill in your name, check which scholarship you are applying for, and then forward this form to the individual who will provide the reference. A confidentiality waiver is included for your signature below.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$500 BSN Completion \_\_\_\_\_ $500.00 MSN \_\_\_\_\_ $500.00 Generic BSN \_\_\_\_\_

**Applicant’s Waiver of Right of Access to Confidential Statement:** I hereby freely and voluntarily waive my right of access to any information contained in this recommendation form and agree that the statement shall remain confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**To the Person Recommending the Applicant:** Both the applicant and District Three, ONA will appreciate you completing this form and returning it as soon as possible. District Three cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver above. Recommendations cannot be accepted if they are not received by June 30th.

1. How long, and in what capacity, have you known the applicant?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How would you rank the applicant compared with others of the same age and academic level, in the following characteristics.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Top10% | Next20% | Middle40% | Next20% | Bottom10% | Don’tKnow |
| General Intelligence |  |  |  |  |  |  |
| Knowledge |  |  |  |  |  |  |
| Maturity and Emotional Stability |  |  |  |  |  |  |
| Ability of Self-expression |  |  |  |  |  |  |
| Imagination and Creativity |  |  |  |  |  |  |
| Initiative and Enthusiasm |  |  |  |  |  |  |
| Professionalism |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

To your knowledge, does this applicant have any negative traits that might affect his/her performance as a Registered Nurse?

What is your overall evaluation of the applicant’s ability and motivation to succeed?

**The application is not considered until recommendations have been received.** Please send completed forms to the address listed on the front of this page. **Attn: Scholarship Committee** no later than June 30.