Foundation of the National Student Nurses’ Association, Inc.

In Memory of Frances Tompkins

Scholarship Application for Enrolled Nursing Students

Application is available on www.nsna.org, click on FOUNDATION

APPLICATION MAY BE COPIED FOR DISTRIBUTION
Deadline: MUST BE RECEIVED BY FRIDAY, JANUARY 13, 2012

History
The Foundation of the National Student Nurses’ Association (FNSNA) was created in 1969 to honor Frances Tompkins, the Association’s first Executive Director. Organized exclusively for charitable and educational purposes, FNSNA awards scholarships to qualified nursing students annually.

Scholarship recipients and sponsors are recognized at the National Student Nurses Association Annual Convention, Pittsburgh, Pennsylvania, April 11-15, 2012 during the Opening Ceremony on Wednesday evening, April 11th.

Eligibility Requirements

FNSNA scholarship eligibility criteria include:
- Current enrollment and matriculation in a state-approved nursing program leading to an associate degree, baccalaureate, diploma, generic pre-licensure doctorate or generic pre-licensure master’s degree; or enrolled in an RN to BSN completion, RN to MSN completion, or LPN/LVN to RN program;
  Matriculation means the student has applied to and has been admitted into a state approved nursing program.
- Pre-nursing students taking courses to prepare for matriculation into a nursing program;
- Attending classes and taking no less than six (6) credits per semester.
- Involvement in student nursing organizations and/or community health activities;
- Document academic achievement;
- Establish financial need;
- U.S. Citizen or Alien with U.S. Permanent Resident Status/Alien Registration Number;
- High school students are not eligible to apply;
- Students graduating prior to December 2012 are ineligible to apply.

Scholarships Awarded by FNSNA — General Program and Promise of Nursing Funds
The Foundation awards scholarships ranging from $1,000 to $5,000 annually. Scholarships may be applied toward tuition, books, and academic fees only. The scholarship may not be used to pay any other expenses that the student incurs.
Approximately $125,000 is awarded annually to nursing and pre-nursing students who meet the eligibility requirements. Membership in the National Student Nurses’ Association (NSNA) is not required; however some scholarship sponsors require NSNA membership for eligibility.

**Career Mobility Scholarships**

Career Mobility Scholarships are awarded to nursing or pre-nursing students who are registered nurses (RNs) enrolled in RN to BSN and RN to MSN completion programs; or licensed practical/vocational nurses (LPN/LVN) enrolled in programs leading to RN licensure. Applicants must submit a copy of their license. **Seniors in associate degree or diploma programs entering an RN to BSN or RN to MSN completion programs must submit proof of RN licensure at the time the scholarship check is issued.**

**Breakthrough to Nursing Scholarships**

Breakthrough to Nursing Scholarships is awarded to individuals who are of racial and ethnic minorities under-represented in the nursing profession. Awards are given to students committed to providing quality health care services to underserved populations and who possess the necessary leadership skills to influence the delivery of quality care.

**Specialty Nursing Scholarships**

Awarded to students interested in pursuing specialized areas of nursing practice. Refer to the Eligibility Checklist at the end of the application for list of specialties. **Note:** The Decision Critical Nursing Student Excellence Scholarship is available to students wishing to pursue a career in Informatics (Technology in Nursing). To be considered for this scholarship, students must be enrolled in a BSN program.

**McKesson Scholarships**

Open to all students enrolled in accredited programs leading to RN licensure.

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**Promise of Nursing Regional Scholarship Program**

Promise of Nursing scholarship funds are raised at regional gala events sponsored by Johnson & Johnson. Contributions come from hospitals and health-care agencies, Johnson & Johnson, and national and regional companies with an interest in supporting nursing education. Scholarships are awarded to qualified applicants attending nursing programs in selected regions throughout the country. Those regions marked with an asterisk (*) are those regions where specific zip codes within that region are eligible. For further information about eligible zip codes within a specific region, please visit www.nsna.org – click on Foundation. **Eligible regions: Florida, Louisiana, Maryland, Massachusetts, Mississippi, Pennsylvania, and Texas (Houston/Galveston only)*.**

**Selection and Notification**

Selection of scholarship recipients is based on academic achievement, financial need, and involvement in student nursing organizations and community health activities. All factors are carefully considered. A selection committee of faculty and students from various nursing programs is appointed to select recipients. Additional criteria may be required by sponsors.

**Scholarship Award Payment**

Upon verification that the recipient meets required enrollment criteria and has submitted an official transcript, the scholarship check is issued payable to the school for deposit in the recipient’s tuition account.

**IMPORTANT NOTICE TO ALL APPLICANTS**

The completed application and associated documents become FNSNA property. Private information (i.e. social security number) is kept strictly confidential. By signing the certification and agreement, permission is granted to FNSNA to request and/or verify information in the application and in the tuition account from the Dean/Director and/or the Financial Aid Administrator of the nursing program.
SCHOLARSHIP APPLICATION

INSTRUCTIONS  Read carefully. Failure to follow all instructions may result in disqualification.

1. Complete sections 1 – 8 on the application. Section 9 is completed by Financial Aid administrator.

2. A non-refundable $10 processing fee must accompany each application. Make check or money order payable to FNSNA. (DO NOT SEND CASH) Checks that are returned for insufficient funds or closed accounts render the application incomplete.

3. The dean/director of your program or other authorized representative must complete section #7. Please remember to put your name on this section.

4. The school/college Financial Aid Representative must complete Section #9.

5. Complete the top portion of the eligibility checklist and submit it with completed application.

6. An official college transcript is preferred. However, FNSNA will accept an unofficial copy, if you are unable to obtain an official copy of your most recent college transcript to accompany this application. In addition, grade reports for the fall semester are acceptable if not reported on the transcript. **Scholarship winners must provide an official transcript prior to issuance of scholarship check.**

7. Members of the National Student Nurses’ Association who wish to be considered for scholarships open only to NSNA members, must submit proof of membership with their application. NSNA Board of Directors and Nominating and Elections Committee are ineligible.

8. Students entering LPN/LVN to RN; or RN to BSN; or RN to MSN completion programs immediately upon graduation from associate degree or diploma programs must submit a letter of acceptance with the application or official confirmation that the application has been received by the new school. Proof of licensure and enrollment must be provided at the time the scholarship award check is issued.

9. All checks are made payable to the school towards the account of the scholarship recipient. Scholarship money will be used to offset the cost of tuition, academic fees and books.

10. Funds not used by the end of the scholarship-funding period are to be returned to FNSNA.

11. Attach a copy of your resume if you have been employed as an RN.

12. Do not include information that is not requested. Do not include photos.

13. Only complete applications will be considered. The Selection Committee does not accept separate documents after the application has been received.

14. Scholarship recipients are notified in March. **Only winners are notified.** Enclose a stamped, self-addressed postcard if you would like us to acknowledge receipt of your application.

15. Applicants must be a U.S. Citizen or Alien with U.S. Permanent Resident Status or hold an Alien Registration Number.

Mail completed application and supporting documentation to:

**Foundation of the National Student Nurses’ Association**

45 Main Street, Suite 606

Brooklyn, NY 11201

Applications must be received by Friday, January 13, 2012.
Section 1: Student Information (Please print or type all information clearly—answer all questions)

Name ____________________________________________________________

Last First Middle Initial

Mailing Address: __________________________________________________________________________________________

City __________________________ State: ___________________________ Zip: _________________________________

Permanent Address ______________________________________________________________________________________

City __________________________ State: ___________________________ Zip: _________________________________

Home Phone (            ) _____________________ E-Mail Address: ____________________________________________

Student ID#_______________________________________   Social Security Number _________ -- _________ -- _________

Are you a US Citizen?  ☐ Yes ☐ No

Are you an Alien with U.S. Permanent Resident Status and hold an Alien Registration Number?  ☐ Yes ☐ No

(Please provide alien registration number) __________________________________________________

Gender:  ☐ Female  ☐ Male

Date of Birth:    ____   / ____   / ____  Marital Status ___________________________________________________

Month          Day        Year

To be considered for:  ☐ General Scholarship Program  ☐ Promise of Nursing Program

To be considered for Breakthrough to Nursing Scholarships, check one of the following (Optional):

☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian

☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander ☐ Mixed Race

☐ Caucasian ☐ Other ______________________

To be considered for Career Mobility Scholarships check the following and enclose copy of your license:

☐ RN ☐ LPN/LVN License number _______________________________ State _____________

☐ I am not yet licensed, I will provide copy once licensed.

To be considered for scholarships open only to NSNA members provide the following information and enclose a copy of your membership card:

NSNA Membership # _______________________________ Expiration Date _______/_______/_______

To be considered for the American Association of Critical Care Nurses Scholarships, NSNA membership is required. Please note that preference is given to applicants who are also AACN members. If you are a member of AACN, please provide us with the following information:

AACN Membership # _______________________________ Expiration Date _______/_______/_______

How did you hear about the FNSNA scholarship program?

☐ NSNA website ☐ NSNA Broadcast e-mail ☐ Financial Aid Office ☐ Faculty ☐ Student ☐ Imprint magazine

☐ Other (describe) ________________________________

How did you first become interested in a nursing career?

☐ Johnson & Johnson “Campaign for Nursing’s Future” advertisements and literature

☐ “Discover Nursing” website

☐ Reports in the media about nursing shortage

☐ Family member is a nurse

Other (describe) ________________________________
Section 2: Academic History

Current School of Nursing_________________________________________________________________

Address _________________________________________________________________________________

City _____________________________________ State ________________________ Zip______________

Name of Dean /Director_____________________________________ Phone (____) _____ – _____________

Year in School  □ Freshman □ Sophomore □ Junior □ Senior

Expected Date of Graduation: Month _____Yr _____

Type of Program
□ ADN (Associate Degree in Nursing)
□ BSN (Bachelor of Science in Nursing)
□ Diploma (Hospital-based School of Nursing)
□ Generic (pre-licensure) Doctorate
□ Generic (pre-licensure) Master’s
□ RN to BSN Completion (Registered nurse pursuing a Baccalaureate in Nursing)
□ RN to MSN Completion (Registered nurse with a Diploma or Associate degree in nursing pursuing a Master’s in Nursing)
□ LPN/LVN to RN Program (Licensed Practical Nurse/Licensed Vocational Nurse)
□ Other (describe) ___________________

Type of School □ Public □ Private Not-for-profit □ Private for Profit

Current Enrollment Status □ Full Time □ Part Time  Number of credits this semester ___________

Please indicate the number of credits you plan to take during the following semesters:

Summer 2012 ___________  Fall 2012 ______________  Spring 2013 __________________

Have you previously attended any other colleges and/or schools of nursing? □ Yes □ No

If you answered yes to the previous question, please list schools attended in the space provided below.

School _________________________________________ City __________________State ______________________

Major ______________________________ Degree Earned _____________________ Year _____________________

School _________________________________________ City __________________State ______________________

Major ______________________________ Degree Earned _____________________ Year _____________________

School _________________________________________ City __________________State ______________________

Major ______________________________ Degree Earned _____________________ Year _____________________

Were you ever a pre-medical student? □ Yes □ No

Were you ever a student studying another health discipline? □ Yes □ No

If yes, please indicate which health discipline you were studying? ________________________________

Are you pursuing a second career? □ Yes □ No

If yes, what was your first career? ________________________________
Section 3: Transfer students and RN to BSN and RN to MSN Completion Students

If you are planning to transfer to another school or graduating from a Diploma or Associate Degree Program and entering an RN to BSN Completion or RN to MSN Completion program, complete the following:

Name of New School__________________________________________________________

Address _____________________________________________________________________

City __________________________ State _____________________________ Zip______________

Anticipated date of enrollment: Month__________ Year___________

Reason for transfer:___________________________________________________________

Attach a copy of the confirmation letter from the nursing program that your application was received, or acceptance letter along with this application. You are required to show proof of licensure and enrollment prior to release of scholarship funds to the school.

Section 4: Personal Statement

In the space below, briefly describe your professional and educational goals and how this scholarship will help you achieve those goals. You must use the space below—do not attach a separate page. You may paste your statement in the space below. Use 12 pt type—no longer than 200 words.
Section 5: Student Expenses and Resources

List projected education-related expenses and resources for the coming academic year, including summer school (if applicable).

NOTE: Review all of expenses and resources carefully and include all anticipated income and reasonable costs that you/your family will incur during the academic year.

A. Tuition, fees, books, etc. (school supplies) _____________
B. Spouse/Dependent Tuition _____________
C. Rent & Utilities _____________
D. Food & Household supplies _____________
E. Clothing, Laundry, etc. _____________
F. Transportation _____________
G. Medical/Dental _____________
H. Other Expenses related to your education only _____________

I. Total Expenses _____________

What is your current living situation? ☐ Rent ☐ Own Home ☐ Live w/Parents ☐ Dormitory

Do you have dependents for which you provide at least half of their support? ☐ Yes ☐ No
If yes, how many dependents do you provide support for? ________________

Are you currently serving in the Military? ☐ Yes ☐ No If yes, which branch? _________________________

Are there any other immediate family members attending college? ☐ Yes ☐ No

Have you previously received a scholarship through the FNSNA? ☐ Yes ☐ No

List scholarships you have received in the past year and those approved for 2012 – 2013.

<table>
<thead>
<tr>
<th>Scholarship/Award</th>
<th>Amount</th>
<th>Awarded By</th>
<th>Renewable for 12-13? Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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</tbody>
</table>

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Total expected Income for Student ____________

Total expected income for Spouse ____________

Financial Assistance

☑ Parent’s Contribution ____________
☐ Grants/Scholarships ____________

*Include only grants/scholarships you will utilize during the 2012-2013 academic year*

☑ Loans ____________
☐ VA/GI Benefits ____________
☐ Social Security Benefits ____________
☐ Other ____________

*Include only loans you will utilize*

I. Total Expenses _____________

Total Resources ____________
## Section 6: Nursing Student Organization Involvement, Community Activities, Honors and Awards

Indicate healthcare related activities and organizations that you have participated in as a nursing student. Please indicate membership of organizations by checking the appropriate box.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>National</th>
<th>State</th>
<th>School Chapter</th>
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</thead>
<tbody>
<tr>
<td>Membership (Attach proof of membership if applicable)</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Elected Office</td>
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<tr>
<td>Committee Service</td>
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<tr>
<td>Chairperson</td>
<td>![ ]</td>
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<td>![ ]</td>
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<tr>
<td>Representative or Delegate Service</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Community Health Activities</td>
<td>![ ]</td>
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</tbody>
</table>

Please list additional activities that are not included in the table above:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Activity</th>
<th>Dates of Service</th>
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Please list all honors and awards that you have received:

<table>
<thead>
<tr>
<th>Honors and Awards</th>
<th>Awarded by</th>
<th>Date Received</th>
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</table>
Section 7: Dean/Program Director’s Certification (or designated representative)

This section must be completed by the Dean or Program Director or authorized designee at the school you are attending.

To be completed by the student:

Student’s Name

To be completed by Dean or Program Director of Nursing Program (or authorized designee)

Please answer the following questions:

1. Has the student made significant contributions to the school, community, and nursing? If yes, please describe.

2. Has the student demonstrated academic excellence? Please include current cumulative grade point average and class standing.

3. Please add any other important factors that you believe to be relevant to the student’s application for financial assistance.

I hereby certify that I have answered these questions to the best of my knowledge and recommend this student for consideration for the scholarships for which he/she is applying.

Name ____________________________ Title ____________________________

Print Print

Signature ____________________________ Date ____________________________

Phone (___) ______________________ E-Mail Address ______________________
Section 8: Certification and Agreement

Last Name: _________________________ First Name: ___________________________ M.I.__________

I hereby request consideration and believe myself to be eligible to apply for a scholarship administered by FNSNA. I have completed all necessary paperwork and certify that all information supplied on this application is complete and correct. I understand that: falsification of my application, transcripts or other attachments will disqualify my application; failure to follow all instructions to complete the application will render my application incomplete; and that all FNSNA Board of Trustees decisions are final.

I understand that the completed application and associated documents become FNSNA property. By signing this agreement, permission is granted to FNSNA to request and/or verify information in the application and in my tuition account from the Dean/Director and/or the Financial Aid Administrator of the nursing program.

If I am a recipient of a scholarship administered by the FNSNA and funds are awarded to me, by signing this agreement I also agree to the terms:

- Scholarship funds will only be used towards tuition, academic fees, and books for the summer 2012, fall 2012 and spring 2013 semesters. This scholarship will not be used to pay any other charge or expense I may incur while I am in nursing school.
- To enroll as a part time (minimum 6 credits) or full time nursing student or pre-nursing student.
- Scholarship funds will only be released to the school, specifically to the Office of Financial Aid or Bursar. The check is made payable to the school towards my tuition account at the school.
- Scholarship funds cannot be applied to any other program except that program indicated on this application.
- To notify the Foundation of the National Student Nurses’ Association of any change in my enrollment status or program status. If I transfer to another school of nursing before the tuition is paid, the total scholarship amount must be returned to FNSNA. I understand that I must write to FNSNA to request that funds be applied to tuition at the new school. I also understand that I must provide enrollment verification from the new school Registrar’s Office along with my written request.
- Funds may not be used for graduate education with the exception of: generic masters and generic doctoral programs that prepare students for RN licensure; or for career mobility RN to MSN scholarships.
- If funds remain after tuition and academic fees are paid, the total amount remaining must be returned to the FNSNA. Remaining funds may not be used for the following academic year. I grant FNSNA permission to request information from my school about my tuition account.
- If I withdraw from the nursing program BEFORE tuition is paid, all funds are to be returned to the FNSNA. If I withdraw from the nursing program AFTER tuition is paid, all funds are to be returned to FNSNA.
- Notify FNSNA of any change in address, phone number, or e-mail address.
- I authorize NSNA to provide the scholarship sponsor with my contact information.

I have read the above information thoroughly and certify that if I am awarded a scholarship administered by the FNSNA, I agree to the terms and conditions of the scholarship outlined herein.

Student Signature _________________________________________ Date ________________________
Section 9:  Financial Aid Certification

To be completed by Financial Aid Administrator Only (Enclose with scholarship application)

Please provide us with the most current information available on the above named student.

1. Total Cost of Attendance  $ ____________
   - Estimate  □   Actual  □  For which academic year? ________________

   Tuition/Fees _________  Room & Board _________

   Loan Fees _________  Transportation _________

   Books _________  Personal/Misc. _________

2. Has the student completed a FAFSA form?  □ Yes  □ No

3. Total Estimated Family Contribution (EFC)  $ ____________

4. Student ID# __________________________________________

5. Is the student:  □ Dependent  □ Independent

6. What are the student’s current housing plans?  □ On Campus  □ Off Campus  □ With Parents

7. Using the 4.0 scale, what is the student’s current cumulative grade point average? __________

8. Is the student a U.S. Citizen?  □ Yes  □ No

9. Is the student an Alien with U.S. Permanent Resident Status and holds an Alien Registration Number?  □ Yes  □ No
   If yes, please provide the Alien registration number ________________________________

10. What is the per credit tuition rate for 2012 – 2013 at your school?  __________

11. Type of School  □ Public  □ Private Not-for-profit  □ Private For Profit

12. Estimate of financial need to support tuition, academic fees, and books for this student:
   □ Very High  □ High  □ Moderate  □ Low  □ No Need

13. What is your institution’s Federal Tax Identification number? ____________________

   FAA Name __________________________________ Title ________________________________

   Signature __________________________________ Date ________________________________

   School __________________________________________________________________________

   Phone (____) __________ Ext # _____ E-Mail ________________________________

   ►If this student is awarded a scholarship, checks are sent to the financial aid or bursar’s office for deposit
   in the student’s tuition account. Please indicate the mailing address where the check is to be mailed:

   Send to attention of: ___________________________________________________________________

   Mailing Address ______________________________________________________________________

   City __________________________ State _____________ Zip __________________

Thank you for completing this form!
Student’s Name ___________________________________________________________________

Last    First    MI

Please provide the zip code of the school that you attend: __________________

Please provide the zip code of the school that you are transferring to, if applicable: _____________

ELIGIBILITY CHECKLIST

Please check all that apply:

☐ NSNA Member verification enclosed (optional)
☐ American Association of Critical Care Nurse member certification enclosed (optional)
☐ General Scholarship Program
☐ Promise of Nursing Program

Career Mobility Scholarships – please indicate:
☐ RN to BSN completion program (copy of license enclosed)
☐ RN to MSN completion program (copy of license enclosed)
☐ LPN/LVN to RN (copy of license enclosed)
☐ Breakthrough to Nursing (see Section 1)

Planned Area of Specialization
☐ Anesthesia Nursing
☐ Critical Care
☐ Emergency
☐ Gerontology
☐ Informatics (Technology in Nursing)
☐ Nephrology
☐ Nurse Educator
☐ Oncology
☐ Orthopedic
☐ Perioperative
☐ Nurse Manager
☐ Infusion Nursing

☐ ____________________________________________

Current Program
☐ ADN (Associate Degree in Nursing)
☐ BSN (Bachelor of Science in Nursing)
☐ Diploma (Hospital-based School of Nursing)
☐ Generic (pre-licensure) Doctorate
☐ Generic (pre-licensure) Master’s
☐ RN to BSN Completion (Registered nurse pursuing a Bachelor’s in Nursing)
☐ RN to MSN Completion (Registered nurse with a Diploma or Associate degree in nursing pursuing a Master’s in Nursing)
☐ LPN/LVN to RN Program (Licensed Practical Nurse/Licensed Vocational Nurse)
☐ Other (describe) ___________________

☐ I have attached my essay with my professional and educational goals.
☐ I have enclosed the $10 check/money order application processing fee made payable to FNSNA.

Scholarship recipients are notified in March. Only winners are notified.
Deadline: Received by Friday, January 13, 2012
Questions, contact Lauren Sperle
(please review document carefully and be ready with your questions before you call)
(718) 210-0705

DO NOT WRITE BELOW THIS LINE

FOR FNSNA USE ONLY

Eligible for Promise of Nursing (based on zip code)
☐ YES    ☐ NO    Region: ____________________________

☐ Application Complete
☐ Application Incomplete    Reason: ____________________________

2012 – 2013 Application: _____________ Date: _____________