

NCHASCN
National Coalition of Hospital Associated Schools and Colleges of Nursing

STUDENT SCHOLARSHIPS
2010- 2011 Academic Year

ELIGIBILITY

To be eligible to apply the Nursing Student must:

- Plan to be enrolled in a NCHASCN member schools during the 2010-2011 academic year
- Have at least a 3.0 grade point average in the nursing program
- Have completed at least one nursing course
- Have no nursing course grade lower than a “B” (or “P” if pass/fail grading)

Selection will be based on financial need, academic achievement, involvement in school/professional organizations, and community projects and activities. Two \$500.00 scholarships will be awarded.

INSTRUCTIONS

1. The student scholarship applicant completes Sections I, II, IV and V.
2. The Dean or Director completes Sections III and VI.
3. The school’s financial aid officer must sign Section V, Part A, verifying the Student Aid Report (SAR) information.
4. **An official copy of the student’s current nursing school transcript must be submitted with the application.**

Incomplete applications will not be considered.

SELECTION AND NOTIFICATION

Applications will be reviewed by a committee chosen by the NCHASCN Board. All applications will be kept confidential. Scholarships will be awarded by mail. Recipients will be recognized at the Spring, 2010 annual meeting.

The transcript and completed application must be postmarked by 12 a.m. (Midnight), June 26, 2010, and mailed to the NCHASCN Scholarship Committee Chair:

Dolores Alabrodzinski, MSN, RN
Roxborough School of Nursing
5800 Ridge Avenue
Philadelphia, PA 19128
NCHASCN

**National Coalition of Hospital Associated Schools and Colleges of Nursing
Scholarship Application**

Note: Application form may be copied as needed. Application may also be reproduced and completed via the applicant or school's computer word processing program.

SECTION I: APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Permanent (Home) Address _____

City _____ State _____ Zip _____ Phone _____

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SECTION II: APPLICANT'S CERTIFICATION

I believe I am eligible for and hereby make application to receive a NCHASCN scholarship. I certify that all statements entered on my application are complete and accurate. I understand that a panel appointed by the NCHASCN Board will select scholarship winner(s) and its decision will be final.

SIGNATURE _____ DATE _____

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SECTION III: DEAN/DIRECTOR SIGNATURE

Section VI completed by _____ DATE _____
Signature of Dean or Director

Name (printed) _____ Director e-mail: _____

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SECTION IV: SCHOOL INFORMATION

NCHASCN member school _____

School address _____

School phone _____

NCHASCN Scholarship Application , cont.

SECTION V: STUDENT STATEMENT

(Do not include student or school name on this page. Additional sheets may be added.)

In narrative format, identify your:

- A. Need for financial assistance. Include the Estimated Family Contribution (EFC) amount listed on your most recent Student Aid Report (SAR).

- B. Current involvement in school/professional organizations and community activities.

A. EFC: _____ Date of SAR: _____

Verification of EFC and SAR information by school financial aid official:

Signature & Title

E-mail: _____

Name printed

Phone: _____

NCHASCN Scholarship Application , cont.

SECTION VI: DEAN/DIRECTOR (OR DESIGNEE) STATEMENT

(Do not include student or school name on this page. Sign on Dean/Director signature line in Section III.)

Please comment in the space provided concerning:

A. Length of program and number of nursing courses and months or semesters completed by student.

B. Student's scholastic abilities (include GPA)

C. Factors you feel are relevant to the student's scholarship application.