



## National Coalition of Hospital Associated Schools and Colleges of Nursing

### STUDENT SCHOLARSHIP APPLICATION 2025-2026 Academic Year

For the 2025-2026 academic year there will be a total of three (3) \$1,000 scholarships awarded by the NCHASCN. Selection will be based on academic achievement, involvement in school/professional organizations, and community projects and activities.

#### SCHOLARSHIP ELIGIBILITY

To be eligible to apply the nursing student must:

- Be enrolled in a NCHASCN member school during the 2025-2026 academic year in a RN or LPN-RN program.
- Be in good academic standing (or “P” if pass/fail grading)
- Have completed the first year of the nursing program

#### INSTRUCTIONS

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1. The student scholarship applicant completes Sections I, II, III and IV.
2. The Dean or Director completes Section V.
3. A faculty member completes Section VI.
4. The student must request an official copy of the student’s current nursing school transcript and submit the sealed official transcript with the application.

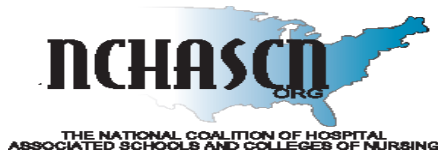
#### SELECTION AND NOTIFICATION

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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 2026 NCHASCN general membership meeting.

**Incomplete applications will not be considered. The transcript and completed application must be postmarked or email time stamped by 11:59pm Friday, November 14th, 2025. Mail or email the completed form to the NCHASCN Scholarship Director:**

**Mila Jones MSN, RN, CCRN.  
NCHASCN Scholarship Director  
Holy Name Sister Claire Tynan School of Nursing  
333 Hudson Terrace  
Englewood Cliffs, NJ 07632  
Email: [mjones@hnmcsn.org](mailto:mjones@hnmcsn.org)**



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### STUDENT SCHOLARSHIP APPLICATION (2025-2026)

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 \_\_\_\_\_

E-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Permanent (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

#### **SECTION II: APPLICANT'S CERTIFICATION**

I believe I am eligible for and hereby make an 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 \_\_\_\_\_

#### **SECTION III: SCHOOL INFORMATION**

NCHASCN Member School \_\_\_\_\_

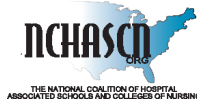
School address \_\_\_\_\_

School phone \_\_\_\_\_

#### **SECTION IV: STUDENT STATEMENT**

In narrative format, please include a 1-page typed document that includes:

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



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Scholarship Application**

**SECTION V: DEAN/DIRECTOR SIGNATURE**

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Submit to Dean/Director and enclose with the application.

Student Name: \_\_\_\_\_

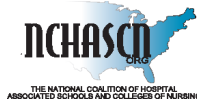
Please check one:

- This student is enrolled in a nursing program and has completed one year of studies.
- This student is enrolled in an LPN-RN completion program and has completed one semester.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean or Director

Name (printed) \_\_\_\_\_ Director e-mail: \_\_\_\_\_



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**SECTION VI: FACULTY STATEMENT**

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**(Submit this section to a faculty member for completion and include it in your final application.) The reference should be sealed in an envelope with the faculty signature across the seal.**

Student Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature & Title

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Name (printed)

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