

# National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI) 2009 Scholarship Application

NAHN-MI will award six \$500 Scholarships to Hispanic nursing students. The Scholarships will be presented at the NAHN-MI Annual Holiday meeting, December 5, 2009 in Grosse Pointe.

## Eligibility Criteria

1. Undergraduate Hispanic student enrolled in a generic nursing program in the State of Michigan. (LPN to RN and RN to BSN students are not eligible).
2. Completion of one year of nursing curriculum (ADN/BSN students) or LPN students presently enrolled in a LPN program.
3. Minimum grade point average of 2.5.
4. Prior recipients of NAHN Michigan Chapter Merit Award or Scholarship are not eligible to apply.

## Instructions

1. One letter of recommendation from a nursing school faculty member at the enrolled institution. This letter should outline the applicant's potential contribution to the nursing profession, and the capability to act as a role model for other aspiring nursing students. *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 in the Scholarship Application Form must be typed or handwritten. If illegible, application will not be evaluated. Copies of any certifications, awards or scholarships listed on application are required.
3. A typed essay no longer than 2 pages, double-spaced, 12 font, which includes personal background information, school involvement, community service, and goals after graduation.
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
  - Health fair participation and/or organization
  - Attendance at NAHN MI Chapter meetings
  - Clerical assistance; i.e. mailing, collating, etc.
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 30, 2009. 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
2. Typed Essay, 12 font, double-spaced, maximum of two pages
3. One Current Sealed Transcript
4. One Letter of Recommendation from a Nursing Faculty Member
5. PLEASE MAIL ALL MATERIALS BY OCTOBER 30, 2009 TO:

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

For Questions Call or Email Dottie Rodriguez: 313-282-8471 or Dottierodr@aol.com



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2009 Scholarship Application

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. \_\_\_\_\_  
School/College/University    Years Attended    Degree    Year Graduated    Major
3. \_\_\_\_\_  
School/College/University    Years Attended    Degree    Year Graduated    Major

**SECTION III – CERTIFICATIONS, HONORS, AWARDS & SCHOLARSHIPS**

List all certifications of special training you have received (Examples: BLS, ACLS, CMA, CNA)  
Copies of certifications, awards & scholarships are required:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

List honors, awards or scholarships received: (Please use back of page if necessary)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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