

# National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI) 2010 Scholarship Application

NAHN-MI will award three \$500 Scholarships to Hispanic nursing students. The scholarships will be awarded at the NAHN-MI Annual Holiday meeting, Saturday, December 4, 2010 in Rochester Hills.

## Eligibility Criteria

1. Applicants must be student members of NAHN-MI. Non members may apply but if selected to receive a scholarship, an application will be sent in for you and the cost will be deducted from the scholarship (currently \$40 for student membership).
2. 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).
3. Completion of at least one semester of nursing curriculum (ADN/BSN students) or LPN students presently enrolled in a LPN program.
4. Minimum grade point average of 2.75.
5. Prior recipients of NAHN Michigan Chapter Merit Award/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, the application will not be evaluated. Copies of certifications, academic honors, community awards, and scholarships listed on application are required.
3. A typed essay no longer than 2 pages, double-spaced, and 12 font. This essay should include personal background information, school involvement, community service, goals after graduation, and how you plan to serve the NAHN Michigan Chapter in the upcoming year.
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      \*\*Attendance at NAHN MI Chapter meetings  
    \*\*Health fair participation and/or organization      \*\*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 November 1, 2010. 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.

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Check List

- 1. Completed NAHN MI Scholarship Application with copies of certifications, awards & scholarships included
- 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 November 1, 2010 TO:

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

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

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**SECTION I – DEMOGRAPHICS**

Name: \_\_\_\_\_  
                    First                                    Middle Initial                                    Last

Mailing Address: \_\_\_\_\_  
                                    Street Address                                    City                                    State                                    Zip

Permanent Address: \_\_\_\_\_  
                                    Street Address                                    City                                    State                                    Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Gender:            Male        Female

Hispanic Origin \_\_\_\_\_

How did you hear of NAHN-MI Scholarship Program? (i.e. NAHN member, website, school of nursing, financial aid office) \_\_\_\_\_

Have you ever received a NAHN Michigan scholarship?                    Yes        No  
(You are NOT eligible to apply if you have received a NAHN Michigan Chapter Merit Award or Scholarship in the past)

**SECTION II - EDUCATION**

I am currently enrolled in the following program:    LPN    ADN    BSN

**APPLICANTS MUST HAVE COMPLETED ONE SEMESTER OF NURSING CURRICULUM FOR ADN/BSN STUDENTS OR PRESENTLY ENROLLED IN A LPN PROGRAM**

Name of Nursing School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: Michigan Zip: \_\_\_\_\_

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

Expected Date of Graduation (Month/Year): \_\_\_\_\_

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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, ACADEMIC HONORS, COMMUNITY AWARDS & SCHOLARSHIPS**

*Copies of certifications, honors, awards & scholarships need to be included with the application*

List all certifications of special training you have received (Examples: BLS, ACLS, CMA, CNA)

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

List any academic honors, community awards and scholarships received in high school or college: (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