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**ALABAMA NATIONAL ASSOCIATION OF HISPANIC NURSES (AL-NAHN)**

**NURSING SCHOLARSHIPS
*Recognizing Excellence in Nursing Students***

**Application Deadline: December 31, 2018**

Scholarship awards are presented to AL-NAHN members enrolled in accredited LVN/LPN, associate, diploma, baccalaureate, and graduate nursing programs. Selection of recipients is based on need, current academic standing, and other criteria listed below. Scholarship recipients are a select group of nursing students who demonstrate promise of professional contributions to the nursing profession and who have the potential to act as role models for other aspiring nursing students. The number of scholarships offered each year is dependent upon the amount in the scholarship fund.

**Application Checklist:**

* AL-NAHN scholarship application form completed by the student and submitted by the deadline date.
* Two (2) Letters of Recommendation from two faculty members outlining the applicant’s future professional contribution to the nursing profession and potential to act as a role model for other aspiring nursing students.
* An essay, 500 words or less (using Times New Roman – 12 font), written by the student that reflects their life growing up (must include who raised them and what type of work they did), qualifications, and potential for leadership in nursing
* A resume, with education, employment, include earned certificates, awards, community service, special honors, etc.
* Provide one page spread sheet that includes: a discussion of economic needs; delineates monthly income and expenses; estimates of educational expenses, including any other financial aid for the year received. Include also a copy of most recent W-2 form.
* An official transcript from applicant’s college, university, or Nursing Program.
* A letter from a school official noting:
	+ 1. Student is enrolled, and specify if part-time, time or full-time status
	+ 2. That the student is in good standing (meaning progressing well and not behind in their studies
	+ The letter should be signed and in official letterhead.

**Important Information:**

* Please do not staple all these documents.
* Academic standing (minimum GPA of 3.0 preferred).
* Verification of membership status in AL-NAHN (must be a AL-NAHN member for at least six months).
* Al- NAHN members can reapply for scholarships if attaining a higher degree.
* No acting National Board Members or Committee members are eligible for scholarships

**SCHOLARSHIP APPLICATION SUBMISSION**

**All scholarship application packets must be RECEIVED by Decemebr 31, 2018**

**A packet with a postmark after the deadline date established by the Committee will not be eligible for consideration. No exceptions or extensions shall be granted.**

The scholarship application packet is to be mailed to the AL-NAHN President. Note: Letters of recommendation must be in a sealed envelope and must be original letters (not copies).

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**AL-NAHN NURSING SCHOLARSHIPS FORM
*Recognizing Excellence in Nursing Students***

**Please conceal this section on copied applications**

**SECTION I – PERSONAL DATA**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_

 Last First Middle

**Mailing Address:**  \_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip

**Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip

**Home Phone:** Work Phone: E-mail: \_\_\_\_\_\_\_\_\_\_\_

**Please circle the answers below:**

**Gender:** a. Male b. Female

**Ethnic Background:** a. Hispanic b. Non-Hispanic

**Marital Status:** a. Single b. Married c. Divorced d. Widowed e. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If Married:***

**Spouse’s Name**: **Spouse’s Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of dependents other than self or spouse:** \_\_\_\_\_ **Number of Children:**\_\_\_\_\_\_ **Ages:** \_\_\_\_\_\_\_\_\_\_\_

**Primary language spoken at home:** a. English b. Spanish c. Bilingual

d. Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about NAHN**? \_\_\_\_\_\_\_\_\_\_

**Are you a member of AL-NAHN?** a. Yes b. No **When did you join AL-NAHN?** \_\_\_\_\_\_\_\_\_\_\_

**What chapter positions have you held? AL-NAHN?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_National Positions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What chapter activities have you participated in?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First generation College Student?** a. Yes b. No

**Did you grow up in a family living below the poverty line** a. Yes b. No

**Is this the first time you have applied for an AL-NAHN scholarship? a. Yes b. No**

**If you have applied before, what years:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Have you ever received an AL-NAHN scholarship?** a. Yes b. No

**If “Yes,” Year(s) received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II - FINANCIAL NEED**

\_\_\_\_\_ Provide a one-page spread sheet with a description of economic need that discusses monthly income and expenses and other financial-related information that you wish to include. Include also a copy of most recent W-2 form.

Indicate any other financial-aid you currently receive:

 \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_

Indicate how the scholarship money will be used:

 \_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_

**SECTION III – EDUCATION**

**I am currently enrolled in the following program:**

a. LVN/LPN b. ADN c. RN-BSN d. BSN e. MSN f. Doctoral- DNP or PhD

**OR**

**I have been accepted to the following nursing program beginning Fall 2019:**

a. LVN/LPN b. ADN c. RN-BSN d. BSN e. MSN f. Doctoral- DNP or PhD

**Area of Study interest (e.g. pediatrics, cardiology, etc.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**City:** **State:** **Zip:** \_\_**Phone:** \_\_\_\_\_\_

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

**Grade Point Average (GPA):** Curent :\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative : \_\_\_\_\_\_\_\_\_\_\_\_

**In Fall 2019, will you attend school:** a. Full Time b. Part-time c. Year in School: \_\_\_\_\_\_\_

# SECTION IV-ESSAY

See criteria for your selected scholarship for specific instructions.

**If there is any additional information which you would like the awards committee to consider, include a personal statement below.**

\_\_\_\_\_\_\_\_\_\_\_\_

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***I ACKNOWLEDGE THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS SCHOLARSHIP APPLICATION FORM IS ACCURATE. ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature Date