

AONL Hawaii c/o PO Box 2774 Honolulu, Hawaii 96803



THE AMERICAN ORGANIZATION OF NURSE LEADERS, HAWAII CHAPTER

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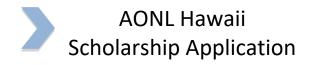
Application NO.	(AONL Hawai'i Use Only
Application No.	(ACINE Hawai i O3C Office

To qualify for an AONL Hawai'i Scholarship (\$2,000) applicant must meet all the following criteria:

- A nursing student currently enrolled in a BSN or advance nursing degree or a registered nurse enrolled in a BSN,
 MSN or other master's degree or doctorate in nursing/health care/management/leadership degree-granting
 program.
- 2. Demonstrate academic excellence with a GPA at least 3.5-4.0 Proof of GPA must be submitted with application in the form of an official school certified transcript. SUBMISSION OF XEROX COPIES OF TRANSCRIPTS IS NOT ACCEPTABLE AND WILL DISQUALIFY AN APPLICANT.
- 3. Be a current resident of the State of Hawai'i.

Applicants must also submit the following:

- 1. Two (2) letters of reference with application that describe applicant's commitment to the profession of nursing and leadership ability.
 - a. One (1) letter from a nursing direct supervisor or direct supervisor in a health care organization if that person is not a nurse and one (1) letter from a nursing faculty member. If a former nursing faculty is not available, submit a recommendation from a professional colleague or indirect supervisor who could attest to your leadership attributes/potential (for example, someone that you have served with in a leadership position in a professional organization.)
 - b. If applicant is not currently employed, please submit two (2) letters from faculty members.
- 2. A <u>one (1) page personal statement from applicant describing:</u>
 - a. Applicant's recent accomplishments,
 - b. Current practice and future goals relating to the nursing profession,
 - c. Demonstration of leadership ability and involvement in the community.

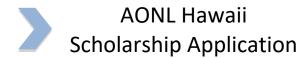


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PLEASE PRINT OR TYPE REQUIRED INFORMATION AND ANSWER ALL QUESTIONS.

SECTION 1 – APPLICANT INF	ORMATION			
Name:				
Mailing Address:				
Permanent Address:				
Contact Phone:		Emai	l:	
Are you currently a resident	of the State o	f Hawai'i?		
Are you currently an R.N.?				
SECTION 2 – ACADEMIC HIS	TORY			
Current University/College: Program of enrollment:				
Address: Name of Advisor:		Phone No.		
Expected Date of Graduation	n:			
Type of Program:	pe of Program: Bachelor's		Doctorat	re
Current Enrollment Status:	Full-Time	Part-Time	No. of Credits th	nis Semester
SECTION 3 – OTHER COLLEG	ES OR SCHOO	LS OF NURSING	G ATTENDED	
School/Colleg	Dates	of Attendance	Degrees/Certifications Completed	



Reviewed by:

AONL Hawaii c/o PO Box 2774 Honolulu, Hawaii 96803



SECTION 4 – CERTIFICATION AND AGREEMENT

I hereby request consideration and believe myself to be eligible to apply for this scholarship administered by AONL Hawai'i. I have completed all necessary paperwork and certify that all information provided in this application is complete and correct to the best of my knowledge.

I understand that: (1) falsification of my application or other attachments will disqualify my application; (2) failure to follow all instructions to complete the application will render my application incomplete; and (3) that all Scholarship Committee decisions are final.

I understand that the completed application and associated documents become property of AONL Hawai'i. By signing this agreement, permission is granted to AONL Hawai'i to request and/or verify information provided in this application.

Applicant's Signature:				Date:	Date:					

Scholarship applicants and awardees will be notified in writing. All applications must be post marked by September 20, 2019. Questions may be directed to the Scholarship Committee at aonehawaii@gmail.com or at (808) 864-7983.

Completed applications and attachments can be mailed to:

AONL Hawai'i c/o Barbie Rosario PO Box 2774, Honolulu, HI 96803 DO NOT WRITE BELOW THIS LINE - FOR AONL HAWAII USE ONLY Application Complete: Y or N If application not complete, reason: Previous Recipient? Y or N Award Year Program: BSN Master's Doctorate Results of Review: Date: