



## AONL Hawaii Scholarship Application

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



THE AMERICAN ORGANIZATION OF NURSE LEADERS, **HAWAII CHAPTER**

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barbier@hawaiiantel.net

Application NO. \_\_\_\_\_ (AONL Hawai'i Use Only)

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

1. 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 one (1) page personal statement from applicant describing:
  - 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 INFORMATION**

Name:

Mailing Address:

Permanent Address:

Contact Phone:

Email:

Are you currently a resident of the State of Hawai'i?

Are you currently an R.N.?

## **SECTION 2 – ACADEMIC HISTORY**

Current University/College:

Program of enrollment:

Address:

Name of Advisor:

Phone No.

Expected Date of Graduation:

Type of Program:

Bachelor's

Master's

Doctorate

Current Enrollment Status:

Full-Time

Part-Time

No. of Credits this Semester

## **SECTION 3 – OTHER COLLEGES OR SCHOOLS OF NURSING ATTENDED**

School/College	Dates of Attendance	Degrees/Certifications Completed



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### **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:

**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](mailto: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

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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:

Reviewed by: