

NAHN-Michigan will award four \$1000 Scholarships to Hispanic nursing students. The recipients will be announced at the September 2023 meeting – date to be determined.

#### Eligibility Criteria

- 1. Applicants must be members of NAHN and NAHN-Michigan Chapter.

  Non-members may apply but if selected to receive a scholarship, the membership cost will be deducted from the scholarship (currently \$50 for student & \$125 for Full/RN).
- 2. Hispanic students enrolled in an undergraduate or graduate nursing program in the State of Michigan. This includes LPN, ADN, RN to BSN, BSN, ABSN, MS/MSN, PhD & DNP students.
- 3. Completion of at least one semester of your nursing program curriculum.
- 4. Minimum grade point average of 3.00.
- 5. Prior recipients of NAHN-Michigan Chapter Scholarships are not eligible to apply.
- 6. Participation in NAHN-MI meetings and events the year prior to the scholarship deadline will add points to your scholarship application. Make sure your name is noted on meeting attendance.

#### <u>Instructions</u>

- One letter of recommendation from a nursing school faculty member. This letter should outline the applicant's potential contribution to the nursing profession or actual contributions if a graduate student. Also describe how they act as a role model for aspiring nursing students or their capability to do so in the future.
   Any application without a proper letter from a nursing faculty member will be considered incomplete.
- Any application without a proper letter from a nursing faculty member will be considered incomplete.
- 2. Information on the Scholarship Application must be typed or printed. The application will not be evaluated if illegible. Copies of academic honors and community awards received within the last three (2) years and listed on application are required.
- 3. Submit a typed essay no longer than 2 pages, double-spaced, 1" margins and 12 font, Times New Roman. This essay should include personal background information, school involvement, community service, goals after graduation, and how you plan to serve the NAHN Michigan Chapter and the Hispanic community in the future.
- 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/volunteer with NAHN-MI at fundraisers, health fairs or similar events
  - \*\*Attendance, in person or online, at NAHN-MI Chapter meetings
  - \*\*Social Media/Recruitment/Clerical assistance with social media announcements
- 5. One current official transcript from the College/University is required.
- 6. Materials should be submitted via email by Midnight of June 30, 2023. Transcripts and letter of recommendation should be sent separately from the college/university or faculty.
- 7. **ANY INCOMPLETE OR LATE SCHOLARSHIP APPLICATIONS WILL NOT BE EVALUATED.**It is the applicant's responsibility to confirm that we have received the application packet.



#### **Check List**

All submitted	documents	must be	provided	in English	or translated.

1. Completed NAHN MI Scholarship Application with copies of honors and awards attached
 2. Typed Essay, 12 font, double-spaced, New Times Roman; maximum of two pages
 3. One Current Transcript emailed directly from the college/university to <a href="mailed-nahnmichigan.org@gmail.com">nahnmichigan.org@gmail.com</a>
 4. One Letter of Recommendation from a Nursing Faculty Member emailed directly from the Faculty to <a href="mailed-nahnmichigan.org@gmail.com">nahnmichigan.org@gmail.com</a>
 5. ALL MATERIALS MUST BE RECEIVED BY:

### Midnight Friday, June 30, 2023

NAHN-MI Scholarship Committee nahnmichigan.org@gmail.com

If you need an address & phone for transcripts:

NAHN-MI PO Box #908 Allen Park, MI 48101 313-320-3123



#### SECTION I - DEMOGRAPHICS

Name:					
First	Middle Initial		Last		
Mailing Address:					
	Street Address	City	State	Zip	
Permanent Address					
(If different from above)	Street Address	City	State	Zip	
Cell Phone:					
School E-mail addre	ess:				
Personal E-mail add	dress (If different):				
-	f NAHN-MI Scholarship Progr chool of nursing, financial aid o	`	N member, ar	other	
SECTION II - EDUCAT	<u>TION</u>				
I am currently enrol	led in the following program:				
□ LPN □ A.D.N. □ BSN □ RN to BSN □ ABSN □ MS/MSN □ PhD/DNP					
APPLICANTS MUS	ST HAVE COMPLETED ONE SE OR PRESENTLY ENROLLED I			RICULUM	
Name of Nursing So	chool:				
School Address:					
City:		Sta	ite:		
Zip:					
Phone:					
	raduation (Month/Year):				



### All submitted documents must be provided in English or translated.

List all the educational programs attended and degrees received:

1.				
School/College/University	Years Attended	Degree	Year Graduated	Major
2.				
School/College/University	Years Attended	Degree	Year Graduated	Major
3				
3. School/College/University	Years Attended	Degree	Year Graduated	Major
4				_
4. School/College/University	Years Attended	Degree	Year Graduated	Major
SECTION III - ACADEMIC HONO	RS AND COMMUNITY	AWARDS		
List any academic honors and years. Copies of honors and	-			` '
1				
2				
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8				
	I AGREE TO THE TE	RMS OF TH	IS APPLICATION.	
ANY DISCREPANCIES WILL BE GI NAHN	ROUNDS FOR REJEC I-MICHIGAN CHAPTEI			ANY FUIURE
Signature		Date		