

National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI) 2025 Scholarship Application

NAHN-Michigan will award four \$1000 Scholarships to Hispanic nursing students. The recipients will be announced at the September 2025 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 eligible to apply. A student who already received the scholarship can receive the scholarship a second time if going for an advanced degree. for example: ADN to BSN, BSN to MSN, MSN to DNP or PHD.
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.

Instructions

1. 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.
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 two (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, 2025.** 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.***

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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 nahnmichigan.org@gmail.com
- ☐ 4. One Letter of Recommendation from a Nursing Faculty Member emailed directly from the Faculty to nahnmichigan.org@gmail.com
- ☐ 5. ALL MATERIALS MUST BE RECEIVED BY:

Midnight Monday, June 30, 2025

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

If you need an address & phone for transcripts:

NAHN-MI
PO Box #35
Allen Park, MI 48101
313-320-3123



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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 address: _____

Personal E-mail address (If different) : _____

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

SECTION II - EDUCATION

I am currently enrolled in the following program:

☐ LPN ☐ A.D.N. ☐ BSN ☐ RN to BSN ☐ ABSN ☐ MS/MSN ☐ PhD/DNP

**APPLICANTS MUST HAVE COMPLETED ONE SEMESTER OF NURSING CURRICULUM
OR PRESENTLY ENROLLED IN A LPN PROGRAM**

Name of Nursing School: _____

School Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Expected Date of Graduation (Month/Year): _____

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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.	_____	_____	_____	_____	_____
	School/College/University	Years Attended	Degree	Year Graduated	Major
4.	_____	_____	_____	_____	_____
	School/College/University	Years Attended	Degree	Year Graduated	Major

SECTION III – ACADEMIC HONORS AND COMMUNITY AWARDS

List any academic honors and community awards received within the last three (3) years. Copies of honors and awards need to be attached with the application.

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____

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