



## **National Coalition of Hospital Associated Schools and Colleges of Nursing STUDENT SCHOLARSHIP APPLICATION 2016 - 2017 Academic Year**

This year there will be a total of four (4) \$1,000 scholarships awarded by the NCHASCN. Two (2) scholarships will be given by the NCHASCN, one scholarship from the Federation for Accessible Nursing Education and Licensure (FANEL) with the same eligibility criteria as the NCHASCN, and one scholarship from FANEL specifically designated to a student in an LPN-RN completion program. Selection will be based on financial need, academic achievement, involvement in school/professional organizations, and community projects and activities.

### **NCHASCN SCHOLARSHIP ELIGIBILITY**

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To be eligible to apply the nursing student must:

- Be enrolled in a NCHASCN member school during the 2016-2017 academic year
- Have at least a 3.0 grade point average in the nursing program
- Have completed the first year of the nursing program
- Have no nursing course grade lower than a “B” (or “P” if pass/fail grading)

### **FANEL SCHOLARSHIP ELIGIBILITY**

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To be eligible to apply the nursing student must:

- Be enrolled in a NCHASCN member school during the 2016-2017 academic year
- Have at least a 3.0 grade point average in the nursing program
- Have completed the first year of the nursing program
- Have no nursing course grade lower than a “B” (or “P” if pass/fail grading)

### **FANEL LPN-RN SCHOLARSHIP ELIGIBILITY**

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To be eligible to apply the nursing student must:

- Be enrolled in a NCHASCN member school during the 2016-2017 academic year in an LPN-RN completion program
- Have at least a 3.0 grade point average in the nursing program
- Have completed at least one nursing course
- Have no nursing course grade lower than a “B” (or “P” if pass/fail grading)

### **INSTRUCTIONS**

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1. The student scholarship applicant completes Sections I, II, III and IV.
2. The Dean or Director completes Section V.
3. A faculty member completes Section VI.
4. The school’s financial aid officer must complete and sign Section VII verifying the Student Aid Report (SAR) information.
5. The student must request an official copy of the student’s current nursing school transcript and submit the sealed official transcript with the application.

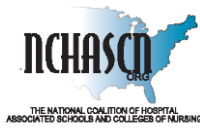
### **SELECTION AND NOTIFICATION**

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Applications will be reviewed by a committee chosen by the NCHASCN Board. All applications will be kept confidential. Scholarships will be awarded by mail. Recipients will be recognized at the Spring 2017 NCHASCN annual meeting.

**Incomplete applications will not be considered. The transcript and completed application must be postmarked by 12 a.m. (Midnight), February 27, 2017 and mailed to the NCHASCN Scholarship Committee Chair:**

**Debby Hines, DNP, RN, CNE, NEA-BC  
NCHASCN Scholarship Chair  
AMH Dixon School of Nursing  
2500 Maryland Road, Suite 200  
Willow Grove, PA 19090**



## **National Coalition of Hospital Associated Schools and Colleges of Nursing Scholarship Application**

Note: Application form may be copied as needed. Application may also be reproduced and completed via the applicant or school's computer word processing program.

### **SECTION I: APPLICANT INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Permanent (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### **SECTION II: APPLICANT'S CERTIFICATION**

I believe I am eligible for and hereby make application to receive a NCHASCN/FANEL Scholarship. I certify that all statements entered on my application are complete and accurate. I understand that a panel appointed by the NCHASCN Board will select scholarship winner(s) and its decision will be final.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **SECTION III: SCHOOL INFORMATION**

NCHASCN Member School \_\_\_\_\_

School address \_\_\_\_\_

School phone \_\_\_\_\_

### **SECTION IV: STUDENT STATEMENT**

In narrative format, please include a 1-page typed document that includes:

- A. Need for financial assistance. Include estimated family contribution (EFC amount listed on your most recent student aid report)
- B. Current involvement in school involvement/professional organizations and community activities.



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### **SECTION V: DEAN/DIRECTOR SIGNATURE**

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Submit to Dean/Director and enclose in the application.

Student Name: \_\_\_\_\_

Please check one:

- ☐ This student is enrolled in a nursing program and has completed one year of studies.
- ☐ This student is enrolled in an LPN-RN completion program and has completed one semester.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean or Director

Name (printed) \_\_\_\_\_ Director e-mail: \_\_\_\_\_



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### **SECTION VI: FACULTY STATEMENT**

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**(Submit this section to a faculty member for completion and include in your final application.) The reference should be sealed in an envelope with the faculty signature across the seal.**

Student Name: \_\_\_\_\_

Please comment in the space provided concerning:

A. Length of program and number of nursing courses and months or semesters completed by student.

B. Student's scholastic abilities.

C. Factors you feel are relevant to the student's scholarship application.

\_\_\_\_\_  
Signature & Title

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Name (printed)

Phone: \_\_\_\_\_



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**SECTION VII: TO BE COMPLETED BY THE FINANCIAL AID OFFICE:**

Student Name: \_\_\_\_\_

EFC: \_\_\_\_\_ Date of SAR: \_\_\_\_\_

**Verification of EFC and SAR information by school financial aid official:**

\_\_\_\_\_  
Signature & Title

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Name (printed)

Phone: \_\_\_\_\_