



**National Coalition of Hospital Associated Schools and Colleges of Nursing**  
**STUDENT SCHOLARSHIP APPLICATION**  
**2022-2023 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 AND 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 2022-2023 academic year
- Be in good standing with your academic program (or “P” if pass/fail grading)
- Have completed the first year of the nursing program

### **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 2022-2023 academic year in an LPN-RN completion program
- Be in good standing with your academic program (or “P” if pass/fail grading)
- Have completed at least one nursing course

### **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 student must request an official copy of the student’s current nursing school transcript and submit the sealed official transcript with the application.

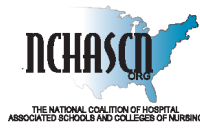
### **SELECTION AND NOTIFICATION**

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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 2023 NCHASCN meeting.

**Incomplete applications will not be considered. The transcript and completed application must be postmarked or time stamped via email by 12 a.m. (Midnight), Friday, March 10, 2023, and mailed/e-mailed to the NCHASCN Scholarship Committee Chair:**

**Shelia Foster, MSN RN**  
**NCHASCN Director of Scholarships**  
**ATTN: St. Mary’s School of Nursing**  
**2900 1<sup>st</sup> Avenue**  
**Huntington, WV 25702**  
[shelia.foster@st-marys.org](mailto:shelia.foster@st-marys.org)  
**304-526-1418**



**National Coalition of Hospitals 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 \_\_\_\_\_

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

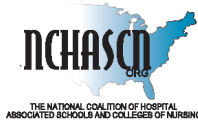
School address \_\_\_\_\_

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

**SECTION IV: STUDENT STATEMENT**

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

- A. Current involvement in school involvement/professional organizations and community activities.



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**SECTION V: DEAN/DIRECTOR SIGNATURE** \_\_\_\_\_

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**

**(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: \_\_\_\_\_