



Scholarship Application

CHECKLIST FOR COMPLETE SCHOLARSHIP APPLICATION MAILING

**MUST BE POSTMARKED ON OR BEFORE-
MIDNIGHT January 31, 2023**

(Late applications will NOT be considered. You may email Regina Adams at the email address below for confirmation it has been received)

Before mailing your scholarship application to the scholarship chairperson, please review and check (✓) responses to the following items and include this form in your mailing. ONLY typed, complete applications will be accepted for consideration by the Scholarship Committee. To be considered complete, you **MUST** include the following:

- Copy of this page
- Completed application with applicant's signature
- Personal Statement Essay
- Resume
- Photocopied NSNA membership card
- OFFICIAL transcript
- ONE faculty or academic advisor letter of recommendation
- ONE personal (non-relative) recommendation
- Financial Aid Certification Form

SEND COMPLETED APPLICATION TO

Staff Assistant
Regina Adams, MSN, RN, CNOR
1479 Pennington Road
Trenton, NJ 08618-2694
Email: staff@njnsinc.org

ELIGIBILITY

*MUST provide photocopy of current NSNA membership card

SELECTION AND NOTIFICATION

The New Jersey Nursing Students, Inc. (NJNS) Scholarship Committee will judge all scholarship applications confidentially and without discrimination. Scholarships are awarded at the opening ceremony during our annual state convention on Thursday, February 16, 2023. An invitation to the opening ceremony will be sent to all scholarship recipients. Recipients will be notified by February 1, 2023. If you have any questions, please contact Regina Adams at NJSNA (609) 883-5335 or email staff@njnsinc.org.

SECTION 1: Background Information

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

School of Nursing: _____ City: _____

Anticipated Graduation Date: _____

SECTION 2: Personal Commitments

Marital Status: Married Single

Number of dependents (including self): _____

Employment: Full-time Part-time Not currently employed

SECTION 3: Resume

Please include a resume (400 word limit) detailing work history, education, honors, awards, certifications, community and professional involvement (NSNA, NJNS, school SNA chapters, and any other professional organization or activities)

National Student Nurses Association: _____

New Jersey Nursing Students, Inc.: _____

School SNA chapter: _____

Community involvement: _____

Other involvement in nursing activities: _____

SECTION 4: Official Transcript

****Please enclose an OFFICIAL transcript****

SECTION 5: Personal Statement Essay

Please attach a typewritten, double-spaced, 12-point font, 300-word essay explaining why you deserve consideration for this scholarship. Please include your educational and career goals, what area of nursing you are interested in pursuing and what a career in nursing means to you.

SECTION 6: Written Recommendations

****Must be sent with scholarship application****

Please include

- One faculty or academic advisor letter of recommendation
 - One personal (non-relative) letter of recommendation
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SECTION 7: FINANCIAL AID CERTIFICATION FORM

This form must be completed by the school’s Financial Aid Office and must be official and sealed in a separate envelope.

Please provide the most current information on the scholarship applicant: _____

1. Individual cost of attendance:
 - a. Tuition/Fees \$ _____
 - b. Loans \$ _____
 - c. Books \$ _____
 - d. Room and Board \$ _____
 - e. Scholarships \$ _____
 - f. Grants \$ _____
2. Has the student completed a FAFSA form? Y _____ N _____
 - a. Total estimated family contribution _____
 - b. Is the student eligible for the Federal Pell Grant? Y _____ N _____
 - c. Is the student independent (I) or dependent (D)? I _____ D _____
 - d. Student’s housing plans for 2019-2020 year? _____
3. What is the student’s cumulative GPA (based on a 4.0 scale) _____
4. What is the tuition rate for the 2019-2020 year at your school? _____

Financial Aid Advisor: Name _____ Title _____

Signature _____ Date _____

School _____

Phone _____ Email _____

Permission to release financial aid information:

I, _____ (applicant) hereby grant the Financial Aid Office permission to provide the information in my scholarship application and Financial Aid Certification Form to New Jersey Nursing Students, Inc.

Signature of applicant _____ Date _____

SECTION 8: Applicant Certification

I believe I am eligible to receive an NJNS scholarship. I certify that all statements made in this application are complete and accurate. I understand that the decision of NJNS is final and that attendance at the award ceremony is strongly encouraged.

Signature of applicant _____ Date _____