



Arizona Nurses Foundation Scholarship Application

The Arizona Nurses Foundation (AzNF) serves as a resource to all Arizona nurses by supporting scientific and educational activities. The purpose of the AzNF Academic Scholarship Program is to enhance the development of Arizona nurses and further the nursing profession by providing scholarships to undergraduate and graduate students enrolled in, or accepted for enrollment in, academic nursing education programs based *in Arizona*.

If you would like to be considered for a Arizona Nurses Foundation Scholarship, please complete the attached application form and submit with supporting documentation to:

Arizona Nurses Foundation
1850 E Southern Ave, Suite 1
Tempe, Arizona 85282-5832
Fax 480-839-4780
debby@aznurse.org
480-831-0404 x101

All applications must be submitted on an original or duplicated application form or via e-mail. Only those applications *received on or before* the published application deadline will be reviewed. Applications received after the deadline will be reviewed during the next review cycle *if requested in writing by the applicant*.

Applications must be received no later than March 1st for the spring award and October 15th for the fall award.



Arizona Nurses Foundation

Scholarship Application

CRITERIA FOR SELECTION:

Applicants may be enrolled part-time or full-time. Recipients may submit an application each year as long as he or she is enrolled in an academic program.

Applications are competitive and are reviewed independently by a panel of registered nurses. Decisions are criterion-based and non-discriminatory. At the discretion of the panel of reviewers, telephone interviews may be conducted to facilitate the decision making process.

Criteria for Selection:

- 1) Potential for leadership in nursing (merit).
- 2) Commitment to professional nursing.
- 3) Expressed need for financial assistance.
- 4) Priority given to graduate students planning to teach nursing.

Amount of Award:

The amount of money awarded is determined by the Council of Trustees of the Arizona Nurses Foundation. Monies granted to the individual may be considered to be taxable income. Monies are expected to be used to pay for educational expenses and may be granted directly to the bursar at the applicant's educational institution.

Approved in September 2004.

PLEASE USE THE ATTACHED FORMS TO APPLY



SCHOLARSHIP APPLICATION

Directions: Please type (Do not attach a resume or curriculum vitae).

Applicants are to answer all questions with as much detail as possible in the space provided. The text boxes will expand as they are completed.

Date: _____

Name of Applicant: _____

Current mailing address:

Telephone: (Daytime): _____ Telephone: (Evening) _____

Fax: _____ Email: _____

EDUCATIONAL DATA

Are you currently enrolled (or have you been accepted for enrollment) in a nursing education program? yes no

Name of School: _____

Location of school: _____ Expected date of graduation: _____
(City) (State) (Month) (Year)

Program (check one): Associate Degree Baccalaureate Degree Graduate Degree (specify program): _____

Attach Evidence of Admission: Applicants are required to submit documentation of enrollment in or acceptance into an educational program. Such documentation may include, but is not limited to, a transcript (official or unofficial) or current course work, a copy of the letter or certificate of admission, or a written statement from an appropriate academic official.

Previous degrees or diplomas (post-high school):

Name of School	Location	Degree, Diploma or Certificate	Date of Completion

Are you currently licensed as a Registered Nurse? yes no If yes, which state(s)? _____

EMPLOYMENT HISTORY

Briefly describe past employment, beginning with your most recent or current employment. (Years, position, employer, location)

Years	Position	Employer	Location

FUTURE PLANS

What are your major career interests and your professional goals for the next five years?

EXTRACURRICULAR ACTIVITIES

List and briefly describe any professional activities, professional or community service, and/or other activities that you have been actively involved in *during the last three years*. Identify leadership positions, if applicable. (Avoid use of uncommon abbreviations.)

PAST AWARDS, HONORS AND SPECIAL RECOGNITION

List any awards, honors or special recognition that you have received and the year in which the award was given.

List current and previous scholarships and financial aid that you have received (include years):

COMMENTS ON NEED

Please describe your need for financial assistance. That is, how would this scholarship help you achieve your future goals?

Applicants are required to include with the application **one (1) confidential letter of professional recommendation from an immediate supervisor in the employment setting or the student's academic advisor or other faculty member who can attest to the applicant's potential for leadership, including the applicant's commitment to nursing and the effectiveness of his or her interpersonal relationships.** The letter of recommendation should be written on official agency stationery. **Applicants are to inform the writer regarding the content of the letter and to place it in a sealed envelope.** The sealed envelope is to be attached to the application form.

APPLICATION CHECKLIST:

Incomplete applications will be automatically rejected.

- Completed Application*

- Evidence of Admission*

- One letter of reference*

Return all application materials to: Arizona Nurses Foundation
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