

New Jersey State Nurses Association
Region VI
Beulah Eglantine Miller Scholarship for Nursing Education

Scholarships will be awarded to nursing students who are pursuing one of the following levels of nursing education:

- Entry Level RN (Diploma, Associates, or Baccalaureate)
- RN to BSN
- MSN
- Doctorate in Nursing

The applicant must meet the following criteria:

- a. Current membership in NJSNA Region VI
 - ★ Candidates enrolled in a pre-licensure entry level program exempt
- b. Current enrollment in an accredited program of nursing education
- c. Grade point average (GPA) of 3.0 or better
- d. Submit an essay of 300 words addressing the following:
 - ★ Why do you feel you should receive the award?
 - ★ What population or area of practice do you plan to pursue?
 - ★ What are your contributions to professional nursing practice and to your community?
 - ★ What particular challenges or special circumstances would make you deserving of a scholarship?

Scholarship awards are paid directly to the bursar of the school the applicant is attending, and may be utilized for tuition, books, or other fees as appropriate. A nursing student may only receive an award one time per level of educational program.

Submit the completed application and all attachments via email to bblozen@comcast.net and include SCHOLARSHIP in the subject line or mail to:

**Dr. Barbara Blozen
1012 Neosho Drive
Forked River, NJ 08731**

New Jersey State Nurses Association Region VI
Scholarship Application Form
Deadline for submission of application is April 1st.

Section I. Biographical Information

Name: _____

Permanent Home Address:

Street _____ County: _____

City _____ State _____ Zip _____

Phone:

Home _____ Cell _____

Email: _____

Scholarship for which you are applying:

- Entry level (pre-licensure) (Diploma, Associate, Baccalaureate)
- RN to BSN
- MSN
- Doctorate in Nursing

Section II. Nursing School

Name of School/College of Nursing _____

Street Address _____

City _____ State _____ Zip _____

Attending: Full-time Part-time

Section III. Verification of current enrollment in a school/college of nursing

Attach bursar's receipt or payment record to document current enrollment

Section IV. Verification of NJSNA Region VI membership

Attach a copy of the current membership card.

Section V. Verification of Grade Point Average (GPA)

Attach a copy of the latest transcript. Transcript must document GPA 3.0 or higher.

Section VI. Essay

Attach an essay of 300 words addressing the following:

- ★ Why do you feel you should receive the award?
- ★ What population or area of practice do you plan to pursue?
- ★ What are your contributions to professional nursing practice and to your community?
- ★ What particular challenges or special circumstances make you deserving of a scholarship?

Section VII. Verification of Professional Experience

Attach a current resume

Section VIII. Verification of Continuing Education

Attach copies of continuing education obtained during the previous year

Section IX. Letter of Recommendation

Attach a letter of recommendation from the Dean of the school/college of nursing.

Section X. Attestation

I believe myself eligible, and hereby make application to receive one of the NJSNA Region VI scholarships. I certify that all statements made in my application are complete and accurate. I understand the scholarship committee selects scholarship winners, and the committee decision is final.

Signature: _____ Date: _____