



<p>NJSNA Region 3</p> <p><u>Region President</u> Varsha Singh</p> <p><u>President – Elect</u> Lynda D. Arnold</p> <p><u>Immediate Past-President</u> Dr. Rosemarie D. Rosales</p> <p><u>Secretary</u> Dr. Amita Avadhani</p> <p><u>Treasurer</u> Mark A. Polon</p> <p><u>VP of communication</u> Dr. Munira Wells</p> <p><u>VP of Membership</u> Marlene McCleod-Douse</p> <p><u>Chair-Nominations</u> Portia Johnson</p> <p><u>Chair- Fundraising</u> Carline Eliezer</p> <p><u>Member at Large-Union</u> Joy Anderson</p> <p>Eileen Fay</p> <p><u>Member at Large –Essex</u> Nora Krick</p> <p>Grace Beaumont</p> <p><u>Director</u> Saundra Austin-Benn</p>	<p>Dear Scholarship Applicant,</p> <p>Thank you for applying for the NJSNA Region 3 scholarship. At NJSNA, we believe in assisting nursing students with their financial burden as well as their quest for higher education, which can always be cumbersome. We are always happy to serve!</p> <p>Please promptly submit your completed application to the address written below no later than December 20, 2016.</p> <p>Please make sure your application includes:</p> <ol style="list-style-type: none"> 1. Completed Checklist. 2. Completed Scholarship Application Form. <p>The application MUST consist of all mandatory components and be delivered on time to be considered for this award.</p> <p>We award \$2000.00 worth of scholarships to qualifying students based upon financial need and merit. Please Note: One winner for \$1000.00 and Two Winners for \$500.00 each.</p> <p>If you have any questions, please do not hesitate to contact any one of the following members: Mark A. Polon at njsnar3scholarship@gmail.com, Dr.Rosemarie Rosales at rnrrosales@aol.com, or Saundra Austin-Benn at austinmsn@verizon.net.</p> <p>Sincerely,</p> <p><i>Mark A. Polon</i></p> <p>Mark A. Polon, BSN, RN Treasurer and Scholarship Chair New Jersey State Nurses Association - Region 3</p> <p>Chair Scholarship Committee Members-Scholarship Committee</p>
<p>Chair Scholarship Committee</p>	<p>Mark A. Polon, BSN, RN 90 Northfield Avenue Apt. 27C West Orange, NJ 07052</p> <p>njsnar3scholarship@gmail.com</p>



REGION 3 – SCHOLARSHIP APPLICATION CHECKLIST

APPLICATION DEADLINE: December 20, 2016.

Late applications will NOT be considered. For Questions/Confirmation of receipt, please write an email to Mark A. Polon at njsnar3scholarship@gmail.com

- Official Transcript
- Resume
- Personal Statement Essay
- Recommendation Letters
- Completed Application with Applicant's Signature
- Copy of this page

PLEASE SEND COMPLETE APPLICATION TO:

Mark Jordan A. Polon

90 Northfield Avenue Apt. 27C

West Orange, NJ 07052

njsnar3scholarship@gmail.com

SCHOLARSHIP ELIGIBILITY

- ✓ MUST be an applicant already enrolled or accepted as a fulltime student in Nursing:
 - Diploma School of Nursing
 - Associate Degree School of Nursing
 - Baccalaureate Degree School of Nursing
 - Nursing Bridge Programs (RN to BSN/LPN to RN)
- ✓ MUST have a GPA score of at least 3.0 out of 4.0 scale.
- ✓ MUST be a member of New Jersey Nursing Students, Inc. if you are a nursing student.
- ✓ MUST be a member of NJSNA, if you are a Registered Nurse.
- ✓ MUST be a U.S. Citizen or a documented immigrant with a U.S. Permanent Resident Status
- ✓ MUST be attending a nursing school within New Jersey.



SELECTION AND NOTIFICATION

The New Jersey State Nurses Association Region 3 Scholarship Committee will review and judge all scholarship applications confidentially and without discrimination. All applications will be blinded, which includes blotting out certain information that may bias the selection process.

Scholarship winners will receive an invitation to the Region 3 awards ceremony in January 2017. If you have any questions, please contact Mark A. Polon at njsnar3scholarship@gmail.com.

SECTION 1: BACKGROUND INFORMATION

Name:

Mailing Address:

Phone: -

Email:

School of Nursing: -

SECTION 2: MARITAL STATUS

Marital Status: Married Single

Number of Dependents (Including Self): ____

Employment: Fulltime Part-time Unemployed

SECTION 3: RESUME

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



SECTION 4: OFFICIAL TRANSCRIPT

- ✓ PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THE APPLICATION

SECTION 5: PERSONAL STATEMENT ESSAY

Write a brief essay (300 word minimum – 500 word maximum, 12 point font, double spaced) on why you chose Nursing as your profession? Additionally, explain your vision of Nursing and how does that align with the vision of NJSNA. The vision of NJSNA is “Creating the future through advocacy, leadership and public policy.”

SECTION 6: RECOMMENDATION LETTERS

- ✓ Must be sent with Scholarship Application
- ✓ Please include 2 letters:
 - One faculty member or an academic advisor.
 - One personal (non-relative).
 - Or two faculty members.

SECTION 7: FINANCIAL AID CERTIFICATION FORM

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 State Nurses Association – Region 3.

Signature of applicant: _____ Date: _____

Please note that this form **MUST** be completed by the school’s financial aid office. Additionally, the Financial Aid officer’s signature must be across the institution’s seal. Then, the application must be inside a sealed, 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 \$_____
- g. Child Care (if applicable) \$_____

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 or dependent?
- d. Student’s housing plans for 2016-2017 year?

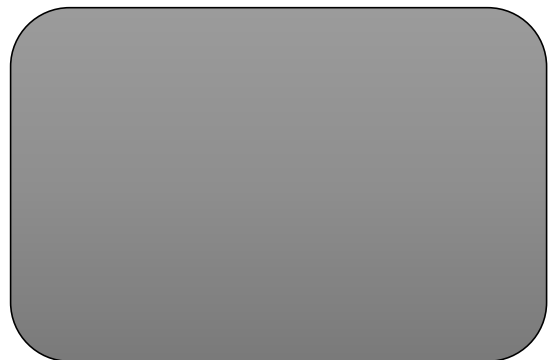
3. What is the student’s cumulative GPA (Please include point scale that was used) _____

4. What is the tuition rate for the 2016-2017 year at your school? _____

Financial Aid Advisor:

Please affix the seal below:

Name: _____
 Title: _____
 School: _____
 Phone: _____
 Email: _____
 Signature: _____
 Date: _____



SECTION 8: APPLICANT CERTIFICATION

I believe myself eligible to receive a New Jersey State Nurses Association Region 3 Scholarship. I certify that all statements made for each section are complete and accurate. I understand that the decision of the NJSNA Region 3 is final and that attendance to the Awards Ceremony in January 2017 is strongly encouraged.

Signature: _____ Date: _____