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 competed 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
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: ________________