

**INSTITUTE FOR NURSING  
SCHOLARSHIP APPLICATION**

**For Enrolled Nursing Students**

Application available at [www.njsna.org/scholarship](http://www.njsna.org/scholarship)

Application may be copied for distribution <b>DEADLINE: Must be received by February 15th</b>
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**ELIGIBILITY:**

All applicants must be **New Jersey residents** and **must be enrolled (not waiting to hear)** in a diploma, associate, baccalaureate, or masters nursing program **located in the State of New Jersey** or in a nursing doctoral program or a related field, **preferably located in the State of New Jersey**. RN's **must** be members of the New Jersey State Nurses Association (please attach a copy of membership card).

Scholarships are awarded based on financial need, grade point average, and leadership potential. The Institute awards scholarships ranging \$500-\$1000 annually. Scholarships may be applied toward tuition, books and academic fees only. **AVAILABLE SCHOLARSHIPS** (subject to availability)

**DR. & MRS. AGNIHOTRI SCHOLARSHIP:** Open to any Registered Nurse in NJSNA Region 1 (Sussex, Morris, Warren and Passaic county) who has been a member of Region 1 for 1-year, pursuing a RN to BSN or higher degree in nursing and who meet the above eligibility requirements.

**GENERAL SCHOLARSHIP:** Open to all high school graduates or adult students who meet the above eligibility requirements.

**LUCILLE JOEL:** Open to RN's pursuing a master's degree in nursing having an interest in health policy or psychiatric/mental health nursing. Applicants must document this interest in Section VI of the application and meet the above eligibility requirements.

**ARTHUR L. DAVIS PUBLISHING AGENCY, INC.:** Open to all high school graduates or adult students who are enrolled in or applying to an associate degree, baccalaureate, or diploma nursing program in New Jersey and to all RNs pursuing a higher degree in nursing and who meet the above eligibility requirements.

**THE NEWARK CITY HOSPITAL SCHOOL OF NURSING ALUMNI ASSOCIATION**

**SCHOLARSHIP:** Open to all high school graduates or adult students who are enrolled in or applying to an associate degree, baccalaureate, or diploma nursing program in New Jersey and to all RNs pursuing a higher degree in nursing and who meet the above eligibility requirements.

**MARY GERMAIN:** Open to students who currently reside in Monmouth or Middlesex counties who are pursuing a generic or upper division baccalaureate degree in nursing and meet the above Eligibility requirements.

**MERIDIAN HEALTH CARE SYSTEMS JEAN MARSHALL SCHOLAR AWARD:** Open to RN's pursuing a master's degree or higher in nursing who meet the above eligibility requirements.

**REGION 2 MEMORIAL SCHOLARSHIP:** Open to any registered nurse in Region 2 that have been a member for a year pursuing a RN to BSN or a higher degree in nursing and who meet the above eligibility requirements. (Region 2 is Bergen and Hudson Counties)

**SYLVIA C. EDGE ENDOWMENT SCHOLARSHIP:** Open to all student nurses of African descent with documented financial need. All applicants must be New Jersey residents currently enrolled in diploma, associate, or baccalaureate nursing programs located in New Jersey.

**DR. BARBARA CHAMBERLAIN SCHOLARSHIP:** Open to RN's pursuing a BSN degree or higher in nursing who meet the above eligibility requirements.

**DR. ANNA GALLAGHER SCHOLARSHIP:** Open to Master's in Nursing, post-graduate education in leadership who meet the above eligibility requirements and enrolled in any post-graduate education in any nursing school in the United States.

<b>Institute for Nursing Scholarship Application</b>
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**INSTRUCTIONS: Please read carefully. Failure to follow all instructions may result in disqualification.**

1. Applications must be typed or reproduced by computer. **Handwritten applications will not be accepted.**
2. Complete all sections on the application. An applicant may supplement information on this application but please limit comments to two pages.
3. The dean or designee of your program must submit a letter of support and should be included when mailing your application.
4. An unofficial transcript of your most recent college transcript must accompany this application. In addition, grade reports for the fall semester are acceptable if not reported on the transcript. **ALSO INCLUDE YOUR STUDENT ID NUMBER.**
5. Section IV (financial information) must be complete.
6. A copy of your most recent tax return (**with social security number removed or blackened**) must accompany application.
7. Attach a copy of your resume if you have been employed as an RN.
8. Do not include information that is not requested.
9. Please include a photograph.
10. Only complete applications will be considered. The Selection Committee does not accept separate documents after the application has been received.
11. Scholarship recipients will be notified in **April**.
12. A copy of the checklist must accompany application.
13. **Do not staple the application or its attachments.**
14. **The checklist for Individual Scholarship Packet must be completed and mailed with application.**

#### **SELECTION AND NOTIFICATION**

An impartial committee will judge all scholarship applications. All applications will be kept confidential.

- Each section of the application must be completed, and applications must be received by **Feb. 15th.**
- We **do** accept faxed (609-883-5343 fax) or preferably emailed applications (jennifer@njsna.org).

Mail to: **The Institute for Nursing, Attn: Scholarship Selection Committee, 1479 Pennington Road, Trenton, New Jersey 08618-2694**

To obtain an application by email or for more information call or email Jennifer Chanti at (609) 883-5335 x 111; [jennifer@njsna.org](mailto:jennifer@njsna.org).

## INSTITUTE FOR NURSING SCHOLARSHIP APPLICATION

Application must be typed or reproduced by computer. **DO NOT STAPLE ANY PAGES**

### SECTION 1:

NAME			
MAILING ADDRESS			
CITY/STATE/ZIP			
PERMANENT ADDRESS (home)			
CITY/STATE/ZIP			
COUNTY			
STUDENT PRESENTLY	<input type="checkbox"/> Rent <input type="checkbox"/> Owns <input type="checkbox"/> Lives in dorm <input type="checkbox"/> Lives with parents		
DATE OF BIRTH (MM/DD/YEAR)		MARITAL STATUS	
NUMBER OF DEPENDENTS (including self)			
Please provide your student identification number			
**If you are currently a registered nurse, please provide NJSNA Membership number and Region number			
Check all the scholarship(s) you are applying for (refer to the information pages above for criteria for each of the scholarships:			
<input type="checkbox"/> General Scholarship		<input type="checkbox"/> Centennial Scholarship	
<input type="checkbox"/> Region 2 Memorial Scholarship		<input type="checkbox"/> Mary Germain Scholarship	
<input type="checkbox"/> Sylvia C. Edge Endowment Scholarship		<input type="checkbox"/> Lucille Joel Scholarship	
<input type="checkbox"/> Dr. Anna Gallagher Scholarship		<input type="checkbox"/> Dr. & Mrs. Agnihotri Scholarship	
<input type="checkbox"/> Meridian Health Care System Jean Marshall Scholarship Award			
<input type="checkbox"/> Newark City Hospital School of Nursing Alumni Association Scholarship			
<input type="checkbox"/> Dr. Barbara Chamberlain Scholarship			
<input type="checkbox"/> Arthur L. Davis Publishing Agency, Inc. Scholarship			

### SECTION 2 – CURRENT SCHOOL

School of Nursing			
Type of Nursing	<input type="checkbox"/> Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate		
Year in School		Length of Program	<input type="checkbox"/> 2 <input type="checkbox"/> 2½ <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (years)
Type of School	<input type="checkbox"/> State <input type="checkbox"/> Private	Attending	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Approximate GPA (using 4.0 scale)		Date of anticipated graduation	

Send:

- An unofficial copy of your previous semester's transcript
- A letter from the Dean or a Professor. The letter must be included with this application and should address the ability of the applicant to succeed in the program, leadership potential of the applicant, and verification of GPA and the cost of the program.

**SECTION 2 – CURRENT SCHOOL (Continued) (must be completed)**

Dean/Professor	
Title & Credentials	
Mailing Address	
City/State/Zip	
Phone No.	

**SECTION 3 – EDUCATIONAL BACKGROUND**

Name of School			
City/State/Zip			
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, in what year?	
Type of degree/certification/diploma			
Name of School			
City/State/Zip			
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, in what year?	
Type of degree/certification/diploma			
Name of School			
City/State/Zip			
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, in what year?	
Type of degree/certification/diploma			

**SECTION 4 – INCOME and EXPENSES**

Please list all projected income (including spouse or parents if you are a dependent) and expenses, including expenses for education, personal, and household, for the next academic year, plus outstanding student loans, and any current scholarships (include only monies that have already been approved). Incomplete financial information will invalidate application. Please total both sections (i.e., total income and total expenses).

SEND most recent Federal Income Tax Return (with social security numbers removed or blackened) – first two pages only of the return; if you are a dependent, attach a copy of parent's or guardian's return.

**INCOME:**

Income:


Current Scholarships:


**TOTAL ANNUAL INCOME:** \_\_\_\_\_

**EXPENSES:**

Education:


Tuition:


Books:


Housing/Rent:


Transportation:


Student Loans:


Miscellaneous:



Personal (be specific):


Household (be specific):


**TOTAL ANNUAL EXPENSES:** \_\_\_\_\_

**SECTION 5 – MISCELLANEOUS:**

**A. Work Experience (if applicable):**

<b>Employer</b>	
<b>Type of Work</b>	
<b>Length of Employment</b>	
<b>Reason for Leaving</b>	

<b>Employer</b>	
<b>Type of Work</b>	
<b>Length of Employment</b>	
<b>Reason for Leaving</b>	

**B. Additional Information:**

Activities:


Memberships/Student Professional Organizations:


Committees/Offices:


Awards (please identify the amount of any scholarship awards):

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If you have previously received a scholarship from the Institute for Nursing, please indicate year received, the amount and type of scholarship:


**SECTION 6 – ESSAY:**

Please explain why you merit consideration for this scholarship award. Be specific regarding leadership qualities, goals as they relate to the profession and the professional associations American Nurses Association and the New Jersey State Nurses Association, your impact on nursing and your financial needs.

**ESSAY:** Please limit your essay to one page typed.

**SECTION 7 – APPLICANT’S CERTIFICATION:**

I believe I am eligible for and hereby make application to receive one of the Institute for Nursing scholarships. I certify that all statements made in my application are complete and accurate. I understand the Scholarship Committee and ultimately the Institute for Nursing Board of Trustees will select scholarship winners and its decision will be final.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Contact Phone No.

**CONTINUE TO PAGE 8 – APPLICANT CHECK LIST**



**Institute for Nursing  
Scholarship Application  
Checklist for Individual Scholarship Packet**

**Directions:** Complete this checklist for the Institute for Nursing’s Scholarship Application. Put a check mark in column two opposite each question if your answer is **YES**. If your answer is **NO**, please review the application and complete all required areas and include any requested documentation. **DO NOT** mail application packet if you have answered **NO** to any of the questions (other than Q8 & Q9) in the checklist. Leave the last column “Checked by Institute for Staff” blank.

Applicant’s Name in Print: \_\_\_\_\_

Signature of Applicant Completing this Checklist: \_\_\_\_\_  
Signature Date

ITEM	Checked by	
	Applicant	Institute Staff
1. Did you use the 2019 scholarship application form?		
2. Are you a resident of New Jersey?		
3. Are you currently enrolled (not waiting to hear) in a diploma, associate, baccalaureate, or masters nursing program located in the State of NJ?		
4. Have you included your <b>STUDENT IDENTIFICATION NUMBER</b> ?		
5. Have you included the dean or designee support letter?		
6. Have you included your unofficial transcript of your most recent college transcript?		
7. Have you included your latest income tax return with social security numbers removed?		
8. If you are a registered nurse are you a member of NJSNA? Please include copy membership card or verification.		
9. If you have been employed as a registered nurse have you included your resume?		
10. Is the envelope for mailing the packet addressed to: <b>The Institute for Nursing Scholarship Selection Committee 1479 Pennington Road Trenton, New Jersey 08618-2694</b>		
11. Have you included a completed checklist for the scholarship packet?		
12. Have you included your Student ID number?		
13. Are you mailing the scholarship packet for the Institute’s receipt by Deadline Date <b>FEBRUARY 15th</b> ?		

**DO NOT STAPLE ANY PAGES!**