New Jersey State Nurses Association Region 4

2020 SCHOLARSHIP APPLICATION

A scholarship in the amount of $1,000 will be awarded to a registered nurse who is a NJSNA Region 4 member (minimum of one year) or a nursing student who lives in Region 4 and is enrolled in a nursing education program at one of the following levels and meets the following criteria:

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

The applicant must meet the following criteria:

1. Current membership in NJSNA Region 4 (Minimum of one year):
   Applicants enrolled in a pre-licensure entry level program are exempt, however they must reside in Region 4, or be enrolled in a Nursing Program located in Region 4 (Hunterdon, Mercer, Middlesex, Somerset, or Bucks PA Counties).

2. Two (2) letters of reference that address the applicant’s academic achievement/potential.


4. An essay of 300 words addressing content described in Application Part I.

5. Dean or Program Director of Nursing Program completion of Application Part II

Email completed application to: Yvette Shangold at: yshangold@comcast.net. Feel free to email Yvette if you have any questions.

Applicants will be notified of decision on or before November 1.
**PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETE AT THE TIME OF SUBMISSION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Instructions: Please complete and submit (type or print clearly) all parts of this application:
1. Two (2) letters of reference that address the applicant’s academic achievement/potential.
2. A written essay describing the applicant’s background and professional goals (Maximum length 300 words). The essay is to address the following:
   Why do you believe you should receive the award?
   What area of practice do you plan to pursue?
   How will this education experience enhance your area of practice?
   What particular challenges or special circumstances would make you deserving of a scholarship?

PART I       APPLICANT INFORMATION
(To be completed by the applicant)

Name of Applicant: __________________________________________________________

Local Address (Street/City/State/Zip):
________________________________________________________________________

Telephone (Office)_______________ (Home/Cell)___________________________

Email Address: _____________

Permanent Address (if different from local address):
________________________________________________________________________

________________________________________________________

Academic applicant information:
I am matriculated in a nursing education program and working toward the following degree: Baccalaureate _____ Masters_____ Post Masters_____
Doctoral ___(please specify degree – e.g., DNP, PhD, DNSc, EdD)

My Grade Point Average (GPA) is______.
I have completed ______ points/credits toward this degree as of the application date.
I am registered for ______ points/credits this semester.
I will need ______ points/credits to complete my degree requirements.

NJSNA Region 4 Membership:
I have been a member NJSNA Region 4 since_____ (year). Minimum of one year is required.
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PART II: NURSING PROGRAM INFORMATION
(To be completed by Dean or Program Director at the School of Nursing)

Instructions: Please complete and return this form to the applicant.

Name of School/Organization: ________________________________

Address: ________________________________________________

_____________________________________________________

Contact Person: _________________________________________

Telephone: __________________________ FAX: ________________

Email Address: __________________________

Has the nursing program participated in NJSNA’s Institute for Nursing Scholarship program before?
Yes    No (circle one)
If yes, please indicate the number of years ______ and the year in which the nursing program last participated______.

How will the Award of this scholarship be announced and/or published (e.g., listing in graduation program, organization publications, acknowledgement of scholarship support)?
________________________________________________________________________________________
________________________________________________________________________________________

Name of Applicant: _______________________________________

Academic Information
Student’s Program: BSN___ Masters___ Post Masters___ Doctoral___ Post-Doctoral ___

Student’s Grade Point Average (GPA) __________

Based on the evaluation of supporting documents, the above named applicant has met the Scholarship Criteria set forth above.

__________________________________________________________
Signature of Dean/ Program Director and Organization Title                     Date

Electronic signature accepted
NJSNA Region 4 Scholarship Application Checklist

Check off - Completed Application Requirements

☐ 1. Part I - Completed by Applicant

☐ 2. Part II - Completed by Dean/Program Director

☐ 3. Essay - Written by applicant, up to 300 words addressing scholarship criteria

☐ 4. References - Two letters from professionals addressing the applicant’s academic achievement/potential

These required Application documents must be submitted on or before the April 15, 2020 deadline.

All successful scholarship funds will be forwarded to the appropriate University that the applicant included in the application.