

## **INSTITUTE FOR NURSING DR. BENJAMIN EVANS GRANT APPLICATION**

### **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 it's 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 **March 15th.**

We **do** accept faxed (609-883-5343 fax) or preferably emailed applications (jennifer@njsna.org).

Mail to: **The Institute for Nursing, Attn: Jennifer Chanti, 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 GRANT APPLICATION**

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

**SECTION 1:**

<b>NAME</b>			
<b>MAILING ADDRESS</b>			
<b>CITY/STATE/ZIP</b>			
<b>PERMANENT ADDRESS (home)</b>			
<b>CITY/STATE/ZIP</b>			
<b>COUNTY</b>			
<b>STUDENT PRESENTLY</b>	<input type="checkbox"/> Rent <input type="checkbox"/> Owns <input type="checkbox"/> Lives in dorm <input type="checkbox"/> Lives with parents		
<b>DATE OF BIRTH (MM/DD/YEAR)</b>		<b>MARITAL STATUS</b>	
<b>NUMBER OF DEPENDENTS (including self)</b>			
<b>Please provide your student identification number</b>			
<b>**If you are currently a registered nurse, please provide NJSNA Membership number and Region number</b>			

## SECTION 2 – CURRENT SCHOOL

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

### 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 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			

**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 parents’ 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):


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


**SECTION 6 – DNP Project:**

Please provide your DNP Project Abstract.

**ESSAY:** Explain your DNP project’s potential contribution to the profession of nursing and or the advancement of healthcare. Explain why you merit consideration for this grant.

Please limit your essay to one page typed.

**PROJECT APPROVAL:** Please attached approval for DNP project by your School or College of Nursing. Include anticipated start date of project.

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

I believe I am eligible for and hereby make application to received one of the Institute for Nursing scholarships. I certify that all statements made in my application are complete and accurate. I understand the Grant Sponsor will select the grant winner and its decision will be final.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

**Institute for Nursing Dr. Benjamin Evans Grant Application**

**Checklist for Grant Packet**

**Directions:** Complete this checklist for the Grant Application. Put a check mark in applicant column 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 2022 Grant application form?		
2. Are you a resident of New Jersey?		
3. Are you currently enrolled doctoral 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 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 Jennifer Chanti 1479 Pennington Road Trenton, New Jersey 08618-2694</b>		
11. Have you included a completed checklist for the Grant packet?		
13. Are you mailing the scholarship packet for the Institute’s receipt by Deadline Date <b>MARCH 15th</b> ?		

**DO NOT STAPLE ANY PAGES!!**