

# New Jersey State Nurses Association Region 4

## 2023 DR. BARBARA WRIGHT 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) and/ 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.
3. A current resume or CV.
4. Current enrollment in an accredited program of nursing education.
5. An essay of 300 words addressing content described in Application Part I.
6. Dean or Program Director of Nursing Program completion of Application Part II

**Deadline for Completed Application: September 1, 2023**

**Email completed application to: [NJSNARegion444@gmail.com](mailto:NJSNARegion444@gmail.com)**

**Applicants will be notified of decision on or before November 8.**

**\*\*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?
3. A current resume or CV

**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):**

\_\_\_\_\_

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**Academic applicant information:**

I am matriculated in a nursing education program and working toward the following degree:

Baccalaureate \_\_\_\_ Masters in Nursing \_\_\_\_ Post Masters \_\_\_\_

Doctorate in Nursing \_\_\_\_ (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: NURSNG 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:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

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 in Nursing\_\_\_ Post Masters\_\_\_ Doctorate in Nursing \_\_\_

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 Dr. Barbara Wright 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
- 5. Current resume or CV

**These required Application documents must be submitted on or before the September 1, 2023 deadline.**

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

9.9.21 mcg  
10.28.22 jdc