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

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****

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 prog	ram and working toward the following degree:	
Baccalaureate	Masters in Nursing	Post Masters	
Doctorate in Nursing	(please specify degr	ee – 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:
Celephone:
Email Address: Fax:
Has the nursing program participated in NJSNA's Institute for Nursing Scholarship program before? Yes No (circle one) f 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: BSNMasters in NursingPost MastersDoctorate in NursingPost-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 et 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 7.25.23 jdc