

2024 INSTITUTE FOR NURSING (IFN) SCHOLARSHIP APPLICATION

For enrolled nursing students
Application available www.njsna.org/scholarship

DEADLINE EXTENDED: Must be received by February 13th

NOTICE: This application is specific to the scholarships and grant listed on page 2.
Complete this application **ONLY** if you wish to apply for those listed on page 2.

Applications for the following additional scholarships may be obtained by emailing jennifer@njsna.org and specifying the application/instructions you wish to receive or clicking the link on the webpage above.

► **The Valerie E. Yahn Endowment Scholarship:** Available to High school students from Region 5 (Burlington, Camden, Cumberland, Gloucester & Salem counties) **Deadline February 1, 2024**

► **Region 4 Dr. Barbara Wright Scholarship** (Hunterdon, Mercer, Middlesex, Somerset, Bucks County): 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 criteria and policy specified on the application.

• Entry Level RN (Diploma, Associates, or Baccalaureate) • RN to BSN • Masters in Nursing • Post Masters • Doctorate in Nursing. **Deadline is September 1, 2024.**

Award Criteria: The IFN awards scholarships ranging from \$500-\$1500. Scholarships may be applied toward tuition, books, and academic fees only. Scholarships are awarded based on academic performance, financial need, and leadership potential.

Eligibility: To be considered for each individual scholarship, the applicant must meet both the *General Eligibility Requirements* and the *Individual Scholarship Eligibility Requirements*.

General Eligibility Requirements: The applicant must be:

1. A New Jersey resident
2. 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.
3. A member of the New Jersey State Nurses Association (NJSNA) if the applicant is a Registered Nurse.

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Individual Scholarship Eligibility Requirements:

- ▶ **GENERAL SCHOLARSHIP:** Open to all high school graduates or adult students who meet the above eligibility requirements.
- ▶ **LUCILLE JOEL:** Open to Registered Nurses pursuing a master's degree in nursing having an interest in health policy or psychiatric/mental health nursing. Applicants must document their 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 Registered Nurses 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 New Jersey residents enrolled as a sophomore or above in a Registered Nurse program or upper division degree in nursing and who meet the eligibility requirements above.
- ▶ **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 Registered Nurses pursuing a master's degree or higher in nursing who meet the above eligibility requirements.
- ▶ **REGION 2 MEMORIAL SCHOLARSHIP:** Open to any NJSNA Region 2 Registered Nurse (Bergen and Hudson County) who has been a member for a minimum of 1 year, pursuing a RN to BSN or a higher degree in nursing and who meets the above eligibility requirements.
- ▶ **SYLVIA C. EDGE ENDOWMENT SCHOLARSHIP:** Open to all nursing students 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 MEMORIAL SCHOLARSHIP:** Open to Registered Nurses pursuing a BSN degree or higher in nursing who meet the above eligibility requirements.
- ▶ **LPN SCHOLARSHIP:** (sponsored by the LPN Forum): Open to current Licensed Practical Nurses who have been accepted into a Registered Nurse Program.
- ▶ **EAST ORANGE GENERAL HOSPITAL ALUMNI ASSOCIATION SCHOLARSHIP:** Open to Registered Nurses pursuing their BSN degree who meet the above eligibility requirements.
- ▶ **THE DR. BENJAMIN EVANS GRANT:** A \$500 Grant for a Registered Nurse enrolled in a DNP Program to support their DNP Project.
- ▶ **THE DR. PATRICIA MURPHY SCHOLARSHIP:** Open to Registered Nurses pursuing a degree or certification in Palliative Care.

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Please read carefully. Failure to follow all instructions may result in disqualification.

1. General Instructions

- a) Do not staple the application or attachments.
- b) Applications must be typed or reproduced by computer. Handwritten applications will not be accepted.
- c) All sections on the application must be fully completed. Only completed applications will be considered.
- d) An applicant may provide supplemental information limited to 2 pages.
- e) Applications will be kept confidential.
- f) Please enclose a recent photograph of yourself.

2. General Information

- a) Section 1.
 - Provide your Student Identification Number
 - If you are a Registered Nurse, provide your NJSNA membership number, Region number and include a copy of your membership card or verification.
 - If you are employed as a Registered Nurse, provide your current, up-to-date CV or resume.
 - Only apply for (check) scholarships for which you are eligible.
- b) Section 2
 - An unofficial copy of your most recent college transcript must accompany this application. In addition, college grade reports for the fall semester are acceptable if not reported on the transcript. For recent high school graduates, include the most recent high school transcript.
 - The Dean or Professor/ Faculty member of your program must submit a letter of support and should be included when submitting your application. See the application for specifics.
- c) Section 3
 - Educational background should be provided in reverse chronological order (most recent first).
- d) Section 4
 - All headings in this section must be completed.
 - Calculate total income and total expenses where indicated.
 - A copy of your most recent tax return (**with social security number removed or blackened**) must accompany application.
- e) Section 5
 - Provide all the information requested.
- f) Section 6
 - Include your one-page typed essay. See application for specifics.
- g) Section 7
 - Sign and date and provide applicant email address and contact number.
- h) Scholarship Checklist
 - The checklist for Individual Scholarship Packet must be completed and submitted with the application.
 - Include all requested documents.
 - Do not include information that is not requested.

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Selection and Notification

An impartial IFN Scholarship Selection Committee will judge all scholarship applications. All applications will be kept confidential. The Selection Committee does not accept separate documents after the application has been received.

Each section of the application must be completed, and applications must be received by February 13th via mail, fax or email. Faxed applications (609-883-5343 fax) are accepted but preferred method is email to jennifer@njsna.org.

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

Scholarship recipients will be notified in **March**. Scholarships will be awarded at the Diva and Don Gala, April 11, 2024 at the Pines Manor, Edison, NJ. More information will be provided to scholarship recipients.

To obtain an application by email or for more information, call or email Jennifer Chanti at 609-883-5335 x 111; jennifer@njsna.org

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Application must be completed in full and saved as a pdf file.

No handwritten applications will be accepted.

DO NOT STAPLE ANY PAGES

SECTION 1: APPLICANT INFORMATION & SCHOLARSHIP SELECTION

Name <u>with</u> credentials:			
Mailing Address:			
City/State/Zip:			
Permanent Address (Home):			
City/State/Zip:			
County:			
Student Presently:	Rents	Owns	Lives in Dorm
			Lives with Parents
Date of Birth: (mm/dd/year)		Marital Status:	
*Race:	*Ethnicity:	*Gender Identity:	
Prefer not to answer:	Prefer not to answer:	Prefer not to answer:	
Number of Dependents (including yourself):		Please provide your student ID number:	
If you are a registered nurse, please provide your NJSNA Member number and Region number:		Member Number:	Region #:

*Collecting demographic information is a positive step toward greater accuracy regarding diversity, equity, and inclusion.

Check the scholarship(s) you are applying for
(refer to the information on the pages above for criteria for each scholarship)

General Scholarship	Region 2 Memorial Scholarship
Lucille Joel Scholarship	Sylvia C. Edge Endowment Scholarship
Arthur L. Davis Publishing Agency Inc. Scholarship	Dr. Barbara Chamberlain Memorial Scholarship
The Newark City Hospital School of Nursing School Alumni Association Scholarship	LPN Scholarship
Mary Germain Scholarship	East Orange General Hospital
Meridian Healthcare Systems Jean Marshall Scholar Award	Dr. Benjamin Evans Grant
Dr. Patricia Murphy Scholarship	

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SECTION 2: CURRENT PROGRAM AND RECOMMENDATION

School of Nursing:					
Type of Program:	Diploma	Associate	Baccalaureate	Masters	Doctorate
Years in School:		Length of Program	2	2½	3 4 5 (years)
Is this a second-degree program?	Yes		No		
Type of school:	State	Private	Attending	Full Time	Part Time

Dean/Professor/Faculty:	
Title & Credentials:	
Mailing Address:	
City/State/Zip:	
Phone Number:	

Send:

- An unofficial copy of your previous semester’s college transcript or if a recent high school graduate, have you included your unofficial high school transcript?
- A letter from the Dean or a Professor/Faculty Member. The letter of recommendation 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 (List in reverse chronological order, DO NOT list current program from Section 2.)

Name of School:			
City/State/Zip:			
Did you Graduate:	Yes	No	If so, what year?
Type of Degree/Certification/Diploma:			
Name of School:			
City/State/Zip:			
Did you graduate?	Yes	No	If so, what year?
Type of Degree/Certification/Diploma:			

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SECTION 4 – INCOME & 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).

Include 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:

	\$
	\$
	\$
	\$

TOTAL ANNUAL INCOME: \$ _____

EXPENSES:

Education:

	\$
	\$
	\$
	\$

Tuition:

	\$
	\$
	\$
	\$

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Books:

	\$
	\$
	\$
	\$

Housing/Rent:

	\$
	\$
	\$
	\$

Transportation:

	\$
	\$
	\$
	\$

Student Loans:

	\$
	\$
	\$
	\$

Miscellaneous

	\$
	\$
	\$
	\$

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Personal (Be specific):

	\$
	\$
	\$
	\$

Household (Be specific):

	\$
	\$
	\$
	\$

TOTAL ANNUAL EXPENSES: \$ _____

SECTION 5: MISCELLANEOUS

A. Work Experience (if applicable):

Employer:	
Type of Work:	
Length of Employment:	
Reason for Leaving:	
Employer:	
Type of Work:	
Length of Employment:	
Reason for Leaving:	

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B. Additional Information

Activities:

Memberships/Student Professional Organizations:

Committees/Officers:

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 name of scholarship:

	\$
	\$
	\$
	\$

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SECTION 6 - ESSAY: (see page 12)

Please explain why you merit consideration for this scholarship award. Be specific regarding leadership potential, goals as they relate to the profession and the professional associations, including, if applicable, the 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. Essay should address:

- Your goals, strengths and needs to meet those goals.
- Actions you have taken to promote diversity and/or inclusion.
- Financial need
- Academics, specifically GPA and extracurricular activities
- Leadership potential

SECTION 7 – APPLICANT’S CERTIFICATIONS:

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 Institute for Nursing Scholarship Committee will select scholarship winners and its decision will be final. The Institute for Nursing Board of Trustees are notified of scholarship recipients.

Signature

Date

Email Address:

Contact Phone #

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ESSAY: Name of applicant w/credentials: _____

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COMPLETE THE CHECKLIST FOR INDIVIDUAL SCHOLARSHIP PACKET

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Checklist for Individual Scholarship Packet:

Directions: Complete this checklist and include it with the IFN Scholarship Application Packet. Put a check mark in the *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.

ITEM	APPLICANT	STAFF
1. Did you fully complete the 2024 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 or in a doctoral program (nursing or related field), preferably in the State of NJ?		
4. If you are a registered nurse have you included a copy of your NJSNA membership card or verification? Does not apply if not an RN.		
5. If you are/have been employed as a registered nurse, have you included your CV or resume? Does not apply if not an RN		
6. Have you included your student identification number?		
7. Have you included an unofficial copy of your most recent college transcript? Have you included College fall grades if not included in your transcript? If a recent high school graduate, have you included your unofficial high school transcript?		
8. Have you included the Dean or Professor/Faculty member support letter?		
9. Have you included your latest income tax return with social security numbers removed or blackened?		
10. Have you included your photograph?		
11. Have you included this completed Checklist with your Individual Scholarship Packet?		
12. Are you sending the application and attachments to the correct address, fax number or email? MAIL TO: Institute for Nursing Scholarship Selection Committee 1479 Pennington Road Trenton, NJ 08618 FAX: 609-883-5343 EMAIL: jennifer@njsna.org		
13. Are you meeting the Institute for Nursing's receipt by the Deadline Date of February 13th ?		