New Jersey State Nurses Association Region 6 Beulah Eglantine Miller Scholarship for Nursing Education

Scholarships will be awarded to nursing students who are pursuing one of the following levels of nursing education:

- Entry-level
- RN to BSN
- MSN
- Doctorate in Nursing

The applicant must meet the following criteria:

- a. Current membership in NJSNA Region 6
 - ★ Applicants enrolled in an entry-level program are exempt
 - ★ Applicants enrolled in an entry-level program must be a permanent resident in Region 6
- b. Current enrollment in an accredited program of nursing education
- c. Grade point average (GPA) of 3.0 or higher
- d. Submission of an essay of 300 words addressing the following:
 - ★ Why do you feel you should receive the award?
 - ★ What population or area of practice do you plan to pursue?
 - ★ What are your contributions to professional nursing practice and to your community?
 - * How have your unique experiences or obstacles shaped your need for and potential to benefit from a scholarship?

Scholarship awards are paid directly to the bursar of the school the applicant is attending and may be utilized for tuition, books, or other fees as appropriate. A nursing student may only receive an award once per level of educational program.

Scholarship recipients are expected to engage in Region 6 activities. Suggested activities include participating on the Nominating or Scholarship committees, providing support to a county chairperson, or presenting a topic at an upcoming meeting.

Submit the competed application and all attachments to:

Region 6 Director for Education and Scholarship: BBlozen@comcast.net

Deadline for submission of the application is October 15.

Scholarship applicants will be notified by November 20.

Section I. Biographical Information

Name:		
Permanent Home Address:		
Street:		County:
City:	State:	Zip:
Cell Phone:		
Email:		
Scholarship for which you are ap	oplying:	
☐ Entry-level (Associa	tes, BSN, Master's Direct Entry)	
☐ RN to BSN	•	
☐ MSN (Advanced Nu	rsing)	
☐ Doctorate in Nursing	r	

New Jersey State Nurses Association Region 6 Beulah Eglantine Miller Scholarship for Nursing Education

Section II. Nursing School			
Name of School/College of Nursing: Street Address: City:	State:	Zip:	
Attending: Full-time □	Part-time □		
Student ID #:	Accou	unt #:	
If the applicant will be continuing in a conti	lifferent school of nursi	ng for the next semester, attach no	tification of acceptance
Section III. Verification of current en Attach bursar's receipt or payment reco			
Section IV. Verification of NJSNA Ro Attach a copy of the current membership		vel applicants).	
Section V. Verification of Grade Poin Attach a copy of the latest transcript. To		t cumulative GPA 3.0 or higher.	
Section VI. Essay Attach an essay of 300 words addressin * Why do you feel you should rec * What population or area of prac * What are your contributions to * How have your unique experience	ceive the award? ctice do you plan to purs professional nursing pra		nefit from a scholarship?
Section VII. Verification of Profession Attach a current resume	nal Experience		
Section VIII. Verification of Continual Attach copies of continuing education of		rious year (not required for entry-le	evel)
Section IX. Letter of Recommendation Attach a letter of recommendation from		sor/Program Director of the schoo	l/college of nursing.
Section X. Attestation			
I certify that all statements made in n committee selects scholarship winner		•	d the scholarship
Signature:		Date:	