



Institute  
For  
Nursing  
2010 Scholarship  
Application

Institute for Nursing  
1479 Pennington Road  
Trenton, New Jersey 08618-2694  
Phone: 609.883.5335  
Fax: 609.883.5343

**Institute for Nursing  
Scholarship Application  
Checklist for Individual Scholarship Packet**

**Directions:** Complete this checklist for the Institute for Nursing’s Scholarship Application. Put a check mark in column two 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 Q7 & Q8) in the checklist. Leave the last column “Checked by Institute for Nursing Staff” blank.

Applicant’s Name in Print: \_\_\_\_\_

Signature of Individual Completing this Checklist: \_\_\_\_\_  
Signature Date

ITEM	Checked by:	
	Official Submitter	Institute Staff
1. Did you use the 2010 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?		
4. Have you included the dean or designee support letter?		
5. Have you included your unofficial transcript of your most recent college transcript?		
6. Have you included your latest income tax return with social security numbers removed?		
7. If you are a registered nurse are you a member of NJSNA? Please include copy membership card or verification.		
8. If you have been employed as a registered nurse have you included your resume?		
9. Is the envelope for mailing the packet addressed to:		
<b>The Institute for Nursing Scholarship Selection Committee 1479 Pennington Road Trenton, New Jersey 08618-2694</b>		
10. Have you included a completed checklist for the scholarship packet?		
11. Are you mailing the scholarship packet for the Institute’s receipt by January 15, 2010?		

**DO NOT STAPLE!**

**INSTITUTE FOR NURSING  
SCHOLARSHIP APPLICATION  
For Enrolled Nursing Students**  
Application available at [www.njsna.org](http://www.njsna.org), click on Institute

Application may be copied for distribution  
**DEADLINE: Must be received by January 15<sup>th</sup>**

**ELIGIBILITY:**

All applicants must be **New Jersey residents** and **must be 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**. RN's **must** be members of the New Jersey State Nurses Association (please attach a copy of membership card). Scholarships are awarded based on financial need, grade point average, and leadership potential. The Institute awards scholarships ranging \$1000 annually. Scholarships may be applied toward tuition, books and academic fees only.

**AVAILABLE SCHOLARSHIPS**

**GENERAL:** Open to all high school graduates or adult students who meet the above eligibility requirements.

**SISTER TERESA HARRIS:** Open to RN's applying to or enrolled in an accredited Master's program for Advanced Practice nursing in New Jersey and who meet the above eligibility requirements.

**LUCILLE JOEL:** Open to RN's pursuing a Master's degree in nursing having an interest in health policy or psychiatric/mental health nursing. Applicants must document this interest in Section VI of the application and meet the above eligibility requirements.

**CENTENNIAL:** Open to all nursing students who are currently enrolled in a diploma, associate degree, baccalaureate degree, or master's degree in nursing program or an RN-BSN program and who meet the above eligibility requirements.

**LILLIE AND NOEL FITZGERALD MEMORIAL:** 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 also to all RNs pursuing a higher degree in nursing and who 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 also to all RNs 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 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 also to all RNs pursuing a higher degree in nursing and who meet the above eligibility requirements.

**GOVERNOR'S NURSING SCHOLARSHIP:** 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 also to all RNs pursuing a higher degree in nursing and who meet the above eligibility requirements.

**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 RN's pursuing a master's degree or higher in nursing who meet the above eligibility requirements.

**REGION 2 MEMORIAL SCHOLARSHIP:** Open to any registered nurse in Region 2 that have been a member for a year pursuing a RN to BSN or a higher degree in nursing and who meet the above eligibility requirements.

**SYLVIA C. EDGE ENDOWMENT SCHOLARSHIP:** Open to all student nurses 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.

**Institute for Nursing  
Scholarship 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.
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. Do not include photos.
9. Only complete applications will be considered. The Selection Committee does not accept separate documents after the application has been received.
10. Scholarship recipients are notified in **February**.
11. A copy of the checklist must accompany application.
12. **Do not staple the application.**
13. **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 complete and applications must be received by **January 15**.
- We **do** accept faxed (609-883-5343 fax) or preferably emailed applications (sandy@njsna.org).
- Scholarships will be awarded in February 2010.

Mail to: **The Institute for Nursing, Attn: Scholarship Selection Committee, 1479 Pennington Road, Trenton, New Jersey 08618-2694**

To obtain an application by email or for more information call or email Sandy Kerr at (609) 883-5335 x 11; [sandy@njsna.org](mailto:sandy@njsna.org)

# INSTITUTE FOR NURSING SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

Application must be typed or reproduced by computer. **Do not staple any pages.**

## SECTION I

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent (home) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Student presently: \_\_\_ rents \_\_\_ owns home \_\_\_ lives in dorm \_\_\_ lives with parents

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of Student's Dependents \_\_\_\_\_ (Including self)

**\*\*If you are currently a registered nurse please provide NJSNA membership # \_\_\_\_\_ and Region # \_\_\_\_\_.**

Check all the scholarship(s) you are applying for. Refer to the information pages (above) for criteria for each of the scholarships:

- General Scholarship
- Sister Teresa Harris Scholarship
- Lucille Joel Scholarship
- Centennial Scholarship
- Lillie and Noel Fitzgerald Memorial Scholarship
- Arthur L. Davis Publishing Agency, Inc. Scholarship
- Governor's Nursing Merit Scholarship
- The Newark City Hospital School of Nursing Alumni Association Scholarship
- Mary Germain Scholarship
- Meridian Health Care Systems Jean Marshall Scholarship Award
- Region 2 Memorial Scholarship
- Sylvia C. Edge Endowment Scholarship

## SECTION II - CURRENT SCHOOL

School of Nursing: \_\_\_\_\_ County: \_\_\_\_\_

Type of Nursing:

\_\_\_ Diploma \_\_\_ Associate Degree \_\_\_ Baccalaureate \_\_\_ Masters Degree \_\_\_ Doctorate Program

Year in School \_\_\_\_\_ Length of Program (years) \_\_ 2 \_\_ 2½ \_\_ 3 \_\_ 4 \_\_ 5

Type of School: \_\_ State \_\_ Private Attending: \_\_ Full Time \_\_ Part Time

Approximate GPA (using 4.0 scale) \_\_\_\_\_ Date of anticipated graduation: \_\_\_\_\_

**Send:**

- **an unofficial copy of your previous semester's transcript.**
- **a letter from the dean or designee. The letter must be included with this application and 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.**

Dean/Designee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION III - EDUCATIONAL BACKGROUND**

Name of schools of nursing and/or colleges attended:

1. **Name of School:** \_\_\_\_\_

Did you graduate? \_\_\_ Yes \_\_\_ No If so, what year? \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of degree/certification/diploma: \_\_\_\_\_

2. **Name of School:** \_\_\_\_\_

Did you graduate? \_\_\_ Yes \_\_\_ No If so, what year? \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of degree/certification/diploma: \_\_\_\_\_

3. **Name of School:** \_\_\_\_\_

Did you graduate? \_\_\_ Yes \_\_\_ No If so, what year? \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of degree/certification/diploma: \_\_\_\_\_

**SECTION IV – 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 number removed or blackened) - first two pages only; if you are a dependent, attach a copy of parent's 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 V – MISCELLANEOUS**

**A. Work experience (if applicable)**

**1. Employer:** \_\_\_\_\_

Type of Work \_\_\_\_\_

Length of Employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**2. Employer:** \_\_\_\_\_

Type of Work \_\_\_\_\_

Length of Employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**B. Additional Information**

Activities:


Memberships\Student Professional Organizations:


Committees/Offices:


Awards: (Please identify the amount of any scholarship awards)




## **SECTION VII - APPLICANT'S CERTIFICATION**

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 that the Scholarship Committee and ultimately the Institute Board will select scholarship winners and its decision will be final.

Signature \_\_\_\_\_ Date \_\_\_\_\_