

**VNSA Community College Scholarship**

*The VNSA Community College Scholarship was created to help encourage and support those students who are attending a Virginia Community College.  The recipient of this scholarship will demonstrate a passion and commitment for the nursing profession.*

The Virginia Nursing Students’ Association is committed to supporting community college students who are pursuing an associate degree in nursing. The VNSA Community College Scholarship is designed to reward students who are active in their community and excel in academics.

**The candidate will answer the following questions in less than 750 words: What led you to pursue a career in nursing? What are your professional goals and how do you plan to contribute to the growing nursing profession?**

The deadline to apply is January 18, 2019.

Award Amount: $500

Qualification Requirements:

* Be an active member of the VNSA
* Enrolled or enrolling in a Community College Nursing Program

Complete Application Includes:

* Application form
* Current official transcript or acceptance letter
* Essay on topic described above
* (Optional) Resume or Curriculum Vitae

Please email completed applications and any questions to [vnsaelections@gmail.com](mailto:vnsaelections@gmail.com) no later than **11:59pm on January 18th, 2019.** In order to be eligible to accept your award, you **must** be present at the VNSA Annual Convention on February 2nd, 2019 at James Madison University. You will be notified if you have won prior to the conference, but must be present at the afternoon awards ceremony in order to pick up your check.

**VNSA Scholarship Application Form**

**Contact Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to Call \_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NSNA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Status**

VNSA Scholarship Committee will consider applicants’ financial status partially in determining the recipient of this scholarship.

Place of Employment/Annual Earnings (Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Source of Income (i.e. family, scholarship, grant, loans, VA benefits, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything more you would like the scholarship committee to know about your financial status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursing and Academic Information**

Current School of Nursing Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Classification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular/Community Activities and Involvement (List). Please provide descriptions as needed.

I hereby affirm that all information provided is true and that I have read the VNSA Conflict of Interest Policy below. Falsification of any part of this application will void the award.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_