



VNSA Community College Scholarship

The Virginia Nursing Students' Association is committed to supporting a nationwide effort to address the nursing shortage by active recruitment and retention of non-traditional students. 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 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?

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 vnselections@gmail.com no later than **11:59pm on January 31st, 2020**. In order to be eligible to accept your award, you **must** be present at the VNSA Annual Convention on February 29th, 2020 at Liberty 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: _____