

**VNSA Second Degree Student Scholarship**

*Our mission is to advance professional nursing practice through student mentorship, community service, and 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 Second Degree Scholarship was created to address this need, providing encouragement and support to students who possess a four year degree or higher and are planning to enter or have enrolled in an accredited nursing program. The recipient of this scholarship will demonstrate a passion for the nursing profession and exemplify the desire to achieve his or her professional goals.

**The candidate will answer the following questions in less than 750 words: What led you to pursue nursing as a second degree and how will your prior educational experiences contribute to the nursing field? How do second degree students, like you, contribute to the nursing profession?**

The deadline to apply is January 18, 2019.

Award Amount: $500

Qualification Requirements:

* Be an active member of the VNSA
* Earned at least a BA/BS
* Entered or enrolling in a nursing program that leads to RN licensure

Complete Application Includes:

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

Please email completed applications and any questions to 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VNSA Member Constituency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

Do you currently hold a nursing license? Yes [ ] No [ ]

If yes: License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Degrees (if appropriate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_