



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?

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 vnselections@gmail.com no later than **11:59pm on February 18, 2022**. In order to be eligible to accept your award, you **must** be present at the VNSA Annual Convention on February 19th, 2022 via zoom.

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: _____