



VNSA Single Parent 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 Single Parent Scholarship was created to address this need, providing encouragement and support to single parents entering or 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 question in less than 500 words: What can single parents bring to the nursing profession?

Award Amount: \$500

Qualification Requirements:

- Be an active member of the VNSA
- Single parent
- 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
- Evidence of income and dependents
- (Optional) Resume or Curriculum Vitae

Please email completed applications and any questions to ynsaelections@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 _____
VNSA Member Constituency _____
NSNA # _____

Financial Status

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

Place of Employment/Annual Earnings (Applicant)

Place of Employment/Annual Earnings (Spouse)
_____ \$ _____

Head of Household: Father Mother Other : _____

Others you support:

Name	Relationship	Age	School/Place of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____