



## 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 [vnsaelections@gmail.com](mailto:vnsaelections@gmail.com) no later than **11:59pm on February 18, 2022**. To be eligible to accept your award, you **must** be present at the VNSA Annual Convention on February 19<sup>th</sup>, 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 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.

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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: \_\_\_\_\_