



## VNSA Traditional Nursing 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 the nationwide effort to address the nursing shortage by actively recruiting both traditional and non-traditional students.

The VNSA Traditional Student Scholarship was created to address this need, providing encouragement and support to traditional students entering or enrolled in an accredited nursing program. The recipient of this scholarship will demonstrate a passion for the nursing profession and exemplify excellence in both the academic and clinical setting, as well as the desire to achieve his or her professional goals.

**The candidate will answer the following questions in less than 500 words: What makes you uniquely qualified to be a nurse? What contributions will you make to the nursing profession?**

Scholarship Amount: \$500

Qualification Requirements:

- Be an active member of the VNSA
- Entered or enrolling in a nursing program that leads to RN licensure
- Enter program as first degree

Complete Application Includes:

- Application form
- Current official transcript or acceptance letter
- Essay on topic described above
- One letter of recommendation providing evidence of clinical and/or academic excellence
- (Optional) Resume or Curriculum Vitae

Please email completed applications and any questions to [vnselections@gmail.com](mailto:vnselections@gmail.com) no later than **11:59pm on January 31<sup>st</sup>, 2020**. In order to be eligible to accept your award, you **must** be present at the VNSA Annual Convention on February 29<sup>th</sup>, 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 partially in determining the recipient of this scholarship.

Place of Employment/Annual Earnings (Applicant)

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Anticipated Source of Income and Estimated Contribution Amount (i.e. family, scholarship, grant, loans, VA benefits, etc)

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Is there anything more you would like the scholarship committee to know about your financial status?

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## Nursing and Academic Information

Current School of Nursing Enrollment \_\_\_\_\_  
Year in School \_\_\_\_\_  
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: \_\_\_\_\_