National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI)
2018 Scholarship Application

NAHN-MI will award four $1000 Scholarships to Hispanic nursing students. The scholarship recipients will be announced at the 2018 NAHN-MI Fall Gala on Friday, November 9, 2018 in Detroit, MI.

Eligibility Criteria

1. Applicants must be members of NAHN & NAHN-MI. Non-members may apply but if selected to receive a scholarship, the membership cost will be deducted from the scholarship (currently $40 for student & $125 for Full/RN membership).

2. Hispanic students enrolled in an undergraduate or graduate nursing program in the State of Michigan. This includes LPN, ADN, RN to BSN, BSN, MS/MSN, PhD & DNP students.

3. Completion of at least one semester of your nursing program curriculum. Funds will be distributed in January 2019 after proof of enrollment for the next semester is received (unless the recipient graduates in December 2018).

4. Minimum grade point average of 3.00.

5. Prior recipients of NAHN Michigan Chapter Scholarships are not eligible to apply.

Instructions

1. One letter of recommendation from a nursing school faculty member on letterhead from the enrolled institution can be mailed or emailed (see page 2). This letter should outline the applicant’s potential contribution to the nursing profession or actual contributions if a graduate student. Also describe how they act as a role model for aspiring nursing students or their capability to do so in the future.

   Any application without a proper letter from a nursing faculty member will be considered incomplete. Letters from Biology, Anatomy & Physiology instructors, etc., are not considered nursing faculty.

2. Information on the Scholarship Application must be typed or printed. The application will not be evaluated if illegible. Copies of academic honors and community awards received within the last three (3) years and listed on application are required.

3. Submit a typed essay no longer than 2 pages, double-spaced, 1” margins and 12 font, Times New Roman. This essay should include personal background information, school involvement, community service, goals after graduation, and how you plan to serve the NAHN Michigan Chapter in the upcoming year.

4. Scholarship recipients will agree to 10-20 hours of volunteer service to the NAHN Michigan Chapter to be completed within one year of receipt of the scholarship. This may include but is not limited to:
   
   ** Participation/volunteer at fundraiser events like our Annual Fall Gala
   **Attendance, in person or online, at NAHN MI Chapter meetings
   **Health fair participation and/or organization like the CHASS 5k in July
   **Assistance with Social Media/ Clerical assistance; i.e. mailing/emailing, etc.

5. One current sealed transcript from the College/University is required.

6. Materials should be submitted in a single U.S. mailing (unless otherwise noted) & POSTMARKED by October 1, 2018. Transcripts may be sent separately if coming from the college/university.

7. Any incomplete or late Scholarship Applications will not be evaluated. It is the applicant’s responsibility to confirm that we have received the application packet.

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All submitted documents must be provided in English or translated.

☐ 1. Completed NAHN MI Scholarship Application with copies of honors and awards included.

☐ 2. Typed Essay, 12 font, double-spaced, maximum of two pages

☐ 3. One Current Sealed Transcript
   (can be sent by mail or emailed directly from the college/university to address or email below)

☐ 4. One Letter of Recommendation from a Nursing Faculty Member
   (The recommendation can be emailed directly from the Faculty to info@nahnmichigan.com)

☐ 5. PLEASE POSTMARK & MAIL ALL MATERIALS BY October 1, 2018 TO:

   NAHN-MI Chapter Scholarship Committee  
c/o 769 Fox River Drive  
Bloomfield Twp, MI  48304

   For Questions: info@nahnmichigan.com
SECTION I – DEMOGRAPHICS

Name: ________________________________________________________________

First Middle Initial Last

Mailing Address: _______________________________________________________

Street Address City State Zip

Permanent Address: ___________________________________________________

(If different from above) Street Address City State Zip

Cell Phone: ________________________________

School E-mail address: ________________________________________________

Personal E-mail address (If different): __________________________________

Hispanic Origin: ______________________________________________________

How did you hear of NAHN-MI Scholarship Program? (i.e. NAHN member, website, school of nursing, financial aid office) ________________________________

Have you ever received a NAHN Michigan scholarship? ☐ Yes ☐ No
(Prior recipients of NAHN Michigan Chapter Scholarships are not eligible to apply)

SECTION II - EDUCATION

I am currently enrolled in the following program:

☐ LPN ☐ A.D.N. ☐ BSN ☐ RN to BSN ☐ MS/MSN ☐ PhD/DNP

APPlicants must have completed one semester of nursing curriculum or presently enrolled in a LPN program

Name of Nursing School: ________________________________________________

School Address: _______________________________________________________

City: __________________________ State: __________________________

Zip: _____________________________

Phone: ___________________________

Expected Date of Graduation (Month/Year): _______________________________
List all the educational programs attended and degrees received:
(Please use back of page if necessary)

1. 
   School/College/University   Years Attended   Degree   Year Graduated   Major

2. 
   School/College/University   Years Attended   Degree   Year Graduated   Major

3. 
   School/College/University   Years Attended   Degree   Year Graduated   Major

4. 
   School/College/University   Years Attended   Degree   Year Graduated   Major

SECTION III – ACADEMIC HONORS AND COMMUNITY AWARDS

List any academic honors and community awards received within the last three (3) years. Copies of honors and awards need to be included with the application.
(Please use back of page if necessary)

1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

I ACKNOWLEDGE THAT THE ABOVE INFORMATION ON THIS SCHOLARSHIP APPLICATION IS CORRECT, AND I AGREE TO THE TERMS OF THIS APPLICATION. ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION AND ANY FUTURE NAHN-MICHIGAN CHAPTER SCHOLARSHIPS.

__________________________________________________________________________
Signature                                      Date