***VDH-OHE 2019 Nurse Educator Scholarship Program***

**Checklist and Application Requirements**

**This checklist must be reviewed thoroughly and submitted as part of a completed application. Incomplete applications will not be considered for award and failure to comply with any of these application requirements will result in the applicant being ineligible for award.**

The Nurse Educator Scholarship Program is intended for part-time and full-time masters and doctoral level nursing students. All scholarship awards are made by an Advisory Committee appointed by the Virginia State Board of Health. The Virginia Department of Health (VDH)-Office of Health Equity (OHE) of the State Health Department serves as the staff element to the Advisory Committee and has no role in the determination of scholarship recipients. The Advisory Committee recommends the award selection criteria to the State Commissioner of Health. Awards are based on scholastic attainment, financial need, character, and adaptability to the Nurse Educator specialty. In order to be considered for a scholarship, the following are required:

[ ]  Applicant must be a United States Citizen , National, hold an immigration visa or classified as a political refugee as verified by a social security number included in the application. **Persons with a temporary or student visa are not eligible**.

**[ ]** Applicant must be a resident of the State of Virginia for at least one year**.** Verification provided must prove that the applicant has lived in VA for at least one year (ex. Renewal date on driver’s license, previous year on voter registration card, motor vehicle registration/employment records/deed of property/ sources of financial support, etc if they reflect multiple years). Please provide one of the following appropriate forms of verification: 1.) State Income Tax record or statement 2.) Driver's license with renewal information 3.) Voter registration card 4.)Motor vehicle registration 5.) Employment record 6.) Ownership of real property 7.) Financial support records.

**[ ]** Applicant must attach a one page Narrative Summary. **“Section 7-Narrative Summary” must be printed at the top of the page. The applicant should sign and date the bottom of the page. (The Narrative Summary will not be accepted if not submitted as stated above.) In one page or less,** the summary must briefly explain the applicant’s personal and professional interest in nursing and nursing education. The applicant should describe an interest and willingness to teach in Virginia, including type of educational program/institution and plans for professional practice in Virginia following graduation. **If the Narrative Summary exceeds the one page limit, it will not be accepted**.

[ ]  Applicant must be accepted to or enrolled in a master’s or doctoral level nursing program (full or part time) in the State of Virginia and complete the degree requirements within two years or less. The applicant must have the Dean/Director/Chair of the Applicant’s School of Nursing complete **Section 8** of the application, provide an **original signature** and have it returned to him/her to be submitted with the application. **Section 8 will** **not be** **accepted if it is not submitted with the application.**

[ ]  Applicant must complete **Section 9** and attach **two (2) letters of reference** in separate sealed envelopes with the references’ signature across the seal. At least one reference letter must be from a former faculty member or teacher. Request references in advance and include with the application package. **Letters of reference will not be accepted separately.**

[ ]  Applicant must attach curriculum vitae or resume.

[ ]  Applicant **must attach an appropriate grade transcript** from all schools attended. **The transcript will not be accepted if it is not submitted with the application**. The applicant must demonstrate a cumulative grade point average (GPA) of at least 3.0 if currently enrolled in and attending a nursing program**.**

[ ]  If applicable, the applicant must demonstrate financial need verified by a Financial Aid Officer or Authorized Personnel. The applicant must file one or more of the following: 1) Financial Aid Form (FAF) of the College Scholarship Service 2) The Family Financial Statement (FFS) of the American College Testing or 3) The Free Application for Federal Student Aid (FAFSA) with the institution the applicant is attending or will attend to determine financial need. The recommendation of the Financial Aid Officer or Authorized Personnel must be based on one of the three referenced need analysis documents and must include a specific dollar amount that reflects the applicant's financial need. The Financial Aid Officer or Authorized Personnel must provide **original signatures** in **Section 10** of the application.

[ ]  **Applications must be typed and have all appropriate documents attached**. Applicants are advised to keep a copy for their records. Application open period is **May 1 to June 30** for the fall academic year. Applications are not accepted prior to June 1st, and must be **postmarked by June 30th.** Please mail completed applications to:

***Virginia Department of Health***

***Office of Health Equity
ATTN: Workforce Incentive Programs
109 Governor St., Suite 714 West Richmond, Virginia 23219***

**If you have any questions, please contact The Office of Health Equity at 804-864-7435.**

**SECTION 1 – PERSONAL DATA**

|  |  |
| --- | --- |
| Date of Application: |       |
| Legal Name: |       |       |       |       |
| Preferred Name: | Last      | First  | MI | Maiden |
| Address: |       |
|  | Street Address |
|       |       |       |
| City | State | Zip |
| Day Phone Number: |       |  Evening Phone Number: |       |
| Email Address: |       |
| Social Security Number: |       |  Sex: |  |
| Date of Birth and Age: |       |  Place of Birth: |       |
| Race/Ethnicity: |   |  Other: |       |
| Are you a US Citizen, Naturalized Citizen, Political Refugee or obtain an immigration VISA? |  |
| How long have you been a resident of Virginia? |       |
| Do you live in a Medically Underserved Area (MUA)? Please refer to: www.vdh.virginia.gov/OMHHE/primarycare/shortagedesignations/index.htm |  |
| What is your Congressional District:       | (Please check with your voter registration office or visit http://nationalatlas.gov/printable/congress.html) |
| Do you have an active military service obligation? |  |
| Are you a high school graduate?  | Do you possess a GED?  |
| Have you ever received a Virginia Nurse Educator Scholarship?  |  |
| If yes, in what year(s)? |       |
| If you had a different name when you applied previously, please provide it here: |       |
| What school of nursing were you attending during that time? |       |

**ALTERNATE CONTACT PERSON (OTHER THAN APPLICANT)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       |       |       |
|  | Last | First | MI |
| Address: |       |
|  | Street Address |
|       |       |       |
| City | State | Zip |
| Phone Number: |       | Relationship to Applicant: |       |

**SECTION 2 – NURSING EDUCATION**

|  |  |
| --- | --- |
| Current Graduate School of Nursing: |       |
| Student Identification or Social Security Number:  |       |
| Address: |       |
|  | Street Address |
|       |       |       |
| City | State | Zip |
| Phone Number :  |  |       |  |   |  |  |
| [ ] Full-time Student: |   |  [ ] Part-time Student:  |  | If part-time, how many credit hours are you taking?       |
| Did you transfer to this school from another nursing program? |  |  |
| Name of previous school: |       |  |
| Date of enrollment in present Graduate Nursing Program: | Month       | Day       | Year       |
| Expected date of graduation: | Month       | Day       | Year       |

**Nursing Program Level: Please check the program type and current level. Specify level in September.**

|  |  |  |
| --- | --- | --- |
| **Program**  | **Current Level** | **Level in September** |
|   |  |  |
| To the best of your ability, how many semesters and years will you need to complete your studies?       |
| Please list any post-graduate Training (if applicable): |       |
| Degree being obtained: | [ ]  M.S. [ ] M.A. [ ] MSN[ ]  Research (PhD, DNSc, DNS) [ ]  Practice (Doctor of Nursing Practice) [ ]  Other:       |
| Current License and Previous practice: | [ ]  Currently a Registered Nurse (BSN)[ ]  Currently a Registered Nurse (Associate)  [ ]  Previous Licensed Practical Nurse [ ]  Previous Certified Nursing Aide  | Current License Number:      |  |
|   | Certificate Number (if applicable):      |  |  |
| Any license restrictions? | [ ]  Yes [ ]  No | If yes, please specify: |       |

**SECTION 3 – PRIOR EDUCATION**

Please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | School and Program | Diploma/Degree/Certificate | City and State | Dates of Attendance | Reason for Leaving |
| 1. |       |       |       |      to      |       |
| 2. |       |       |       |      to      |       |
| 3. |       |       |       |      to      |       |
| 4. |       |       |       |      to      |       |
| 5. |       |       |       |      to      |       |

**SECTION 4 – WORK EXPERIENCE**

[ ]  *Check here if you have never been employed, and skip to Section 5*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Position | Name of Employer | City and State | Dates of Employment | Reason for Leaving |
| 1. |       |       |       |      to      |       |
| 2. |       |       |       |      to      |       |
| 3. |       |       |       |      to      |       |

**SECTION 5 – OTHER HEALTH- RELATED AND OR CIVIC EXPERIENCES**

*[ ]  Check here if you have never been involved in any health related and/or Civic activities, and skip to Section 6*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Position | Organization | City and State | Date of Activity |
| 1. |       |       |       |      to       |
| 2. |       |       |       |      to       |
| 3. |       |       |       |      to       |

**SECTION 6 – OTHER FINANCIAL ASSISTANCE (including other scholarships and grants)**

Are you receiving any other type of financial assistance for the upcoming school year?

**Please indicate:**

**SECTION 7 – NARRATIVE SUMMARY (Required on an attached sheet)**

Briefly explain, *in one page or less*, the significance of the Virginia Nurse Educator Scholarship Program in pursuing your educational goals. It is important that you consider including plans for teaching in Virginia or in a Virginia Community College System following graduation. Also, include school and/or community activities as well as any skill-set that is pertinent to your profession. Applicant **must** label the top of the attached sheet “**Section 7 Narrative Summary”**, **print name, provide an original signature, and the current date.** **If the Narrative Summary exceeds the one page limit, it will not be accepted**. **Describe your personal and professional interest in nursing and nursing education. Be sure to include the following:**

Career Objective-What you anticipate to accomplish or career objectives

Current Competences and Potential Growth -How the program will help build on your current competencies

Leadership Capabilities and Experience- Cite leadership capabilities and describe your leadership experience(s)

Cite previous teaching opportunities (if any)

Describe your interest and willingness to teach in Virginia, including the type of educational program/institution.

**SECTION 8 – SCHOOL OF NURSING RECOMMENDATION**

***To be completed by the Dean/Director of the School of Nursing***

Name of applicant:

Student Identification or Social Security Number:

1. This applicant is:
2. Start date: Month       Year
3. During this award period, the applicant will be a:
4. *If the student is currently enrolled in your Graduate Nursing Program, please select one of the following:*

*Applicants must have a satisfactory cumulative GPA in Required Nursing Courses; electives should not be considered in the GPA.* List GPA:

Source of computing GPA:  If other, please specify:

1. Please provide a brief recommendation (in 1,600 characters or less) regarding the student in regards to scholastic attainment, character, and adaptability to the nurse educator profession if applicable.

**If the applicant is selected and awarded a Nurse Educator Scholarship, the Graduate Nursing School will be responsible for maintaining accurate records of the status of scholarship recipients until the recipient graduates. The Nursing School Program Director will be responsible for submitting a report listing the academic status of the recipient annually to the Office of Minority Health and Health Equity.**

***Please provide an original signature from authorized personnel.***

|  |  |  |
| --- | --- | --- |
| I recommend |       | for a VA Nurse Educator Scholarship Award. |

 *Full Name of Applicant*

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name of Authorized Personnel Completing This Section |  | Title |
| Signature |  | Date |
|       |  |        |
| Full Name of School of Nursing |  |  Phone Number  |

E-mail Address

**SECTION 9 – Confidential reference form**

Applicant must attach **two (2) reference** **letters** in a sealed envelope with the references’ signature across the seal. At least one reference must be from a former faculty member or teacher. References are a requirement of this application, so request the reference letters in advance and include with the application package.

**TO BE COMPLETED BY THEAPPLICANT:** This section is to be completed and signed by the applicant **before** it is given to the person providing the reference. References must be returned to the applicant in a sealed envelope, with the reference’s signature across the seal.

|  |  |
| --- | --- |
| Applicant’s Name: |       |
| Applicant’s Address: |       |
|  Street Address |  |
|       |       |       |  |
| City | State | Zip Code |  |
| Home Number: |       | Work Number: |       |
| Email Address: |       |

**I hereby waive my right to examine this reference material.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCES:** The above-named applicant has listed you as a reference for a Nursing Scholarship application. This scholarship is designed to increase the number of nurse educators needed to expand student capacity in entry-level nursing programs. Please provide the following items:

* A brief statement (in one page or less) which includes how long and in what capacity you know the applicant as well your opinion of as his/her abilities and characteristics related to his/her potential for master’s/doctoral level work and as a potential nursing faculty member. Also, address his/her commitment to nursing education, scholastic ability, intellectual curiosity, interpersonal skills, and ability to function as a member of a community of scholars. If possible, please cite examples.
* Signed Section 9 – Confidential Reference Form provided by the applicant.

**Please return the one page statement and this form to the applicant in a sealed envelope with your signature across the seal.**

**Reference Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please use this page as a guide to request letters of reference.*

**SECTION 10 – FINANCIAL NEED RECOMMENDATION**

**This section is to be completed and signed by the Financial Aid Officer, Program Director or Authorized Personnel of your institution.**

The Virginia Nurse Educator Scholarship Program and the Nursing Scholarship Advisory Committee recommends its awards to the State Health Commissioner based on the financial need of an applicant. Financial Need is one of the many determining factors for award; however **it is not required for eligibility of the program**. Please use the applicant’s current needs analysis to recommend the amount of scholarship required, after taking into consideration other financial aid the applicant is receiving.

1. Applicant Name:
2. Student Identification or Social Security Number

|  |  |
| --- | --- |
| **3.**  | **Student Costs and Resources:**  |
|  | Student Aid Budget for Applicant |       |
|  | Expected Family Contribution (EFC) |       |
|  | Financial Aid Received (excluding loans) |       |
|  | Remaining Need |       |
|  | Cost of Program for One Year (including tuition, fees, books, uniforms, etc.) |       |
|  |  |  |
| **4.** | **Scholarship Recommendation:** |
|  | The Nursing Scholarship Committee reviews and makes recommendations on the scholarship award annually, as funding allows. The award range for a graduate applicant varies depending on the number of applicants and the Appropriation by the Virginia General Assembly. Awards are approved by the commissioner. |
|  |  |  |
|  | After careful  review of the applicant’s financial situation,  I recommend a Virginia Nurse Educator Scholarship award of (*check one*): | [ ]  $5,000 to $9,999 annually |
|  | [ ]  $10,000 to $14,999 annually |
|  |  | [ ]  $15,000 and up annually |

1. If your recommendation is less than both the "remaining need"  and the “maximum allowable” reflected  above, please explain:

* 1. Needs Analysis Method Used:

Please indicate which of the following methods was used to determine the applicant's financial need and the academic year that the applicant is requesting assistance. (Financial Aid Officers are encouraged to use the need analysis for the year in which the student is applying for assistance.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  CSS | [ ]  ACT | [ ]  PELL | [ ]  FAFSA | Academic Year :2018 to 2019 |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name of Financial Aid Officer/Authorized Personnel (Please Print) |  | Phone Number |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of Financial Aid Officer/Authorized Personnel |  | Date |

|  |
| --- |
|       |
| E-Mail Address |
|  |

**SECTION 11 – CERTIFICATION STATEMENT**

**I, the undersigned, hereby certify that, all of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. I understand that it may be investigated and that any willful false representation is sufficient cause for rejection of this application.  If asked by the Nursing Scholarship Advisory Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Nurse Educator Scholarship Program.**

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of Applicant |  | Date |

|  |
| --- |
|       |
| Full Name (Please Print) |

*Any persons dissatisfied with the award or denial of an application to become a scholarship participant must notify staff of the Nursing Scholarship Advisory Committee within 14 days of receiving notification of the award or denial of an application.*

For marketing purposes, how did you learn about this scholarship opportunity?

**Thank you for your interest in this program!**

*Staff Record Only: [ ]  Application complete upon receipt [ ]  Additional information requested*