NAHN-MI will award four $1000 Scholarships to Hispanic nursing students. The scholarships will be awarded at the 2017 NAHN-MI Fall Gala, Friday, November 3, 2017 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. Undergraduate Hispanic students enrolled in a generic nursing program in the State of Michigan. Hispanic nurses in MS/MSN or PhD/DNP program. RN to BSN students are not eligible.

3. Completion of at least one semester of nursing curriculum for ADN, BSN, MS, MSN, PhD or DNP students. LPN students currently enrolled in a LPN program.

4. Minimum grade point average of 2.75 for undergraduate and 3.00 for graduate students.

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

**Instructions**

1. Mail/Email one letter of recommendation from a nursing school faculty member on letterhead from the enrolled institution. 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 Form must be typed or printed. If illegible, the application will not be evaluated. Copies of certifications, academic honors, community awards, and scholarships 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 in fundraiser event activities**
   - **Health fair participation and/or organization**
   - **Assistance with Social Media**
   - **Attendance at NAHN MI Chapter meetings**
   - **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 POSTMARKED by October 2, 2017. Transcripts may be mailed separately if coming from the college/university.**

7. **ANY INCOMPLETE OR LATE SCHOLARSHIP APPLICATION WILL NOT BE EVALUATED. It is the applicant’s responsibility to confirm that we have received the application packet.**
Check List

All submitted documents must be provided in English or translated.

☐ 1. Completed NAHN MI Scholarship Application with copies of certifications, awards & scholarships included. (These awards must have been received within the last three (3) years)

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

☐ 3. One Current Sealed Transcript
   (can be mailed separately from the college/university)

☐ 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 MAIL ALL MATERIALS **BY October 2, 2017** 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

Home/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 ☐ ADN ☐ BSN ☐ MS/MSN ☐ PhD/DNP

APPLICANTS MUST HAVE COMPLETED ONE SEMESTER OF NURSING CURRICULUM FOR ADN, BSN, MS, MSN, PhD, or DNP PROGRAMS OR PRESENTLY ENROLLED IN A LPN PROGRAM

Name of Nursing School: ____________________________________________

School Address: ____________________________________________

City: __________________________ State: __________

Zip: __________________________

Phone: __________________________

Expected Date of Graduation (Month/Year): __________________________
National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI)
2017 Scholarship Application

All submitted documents must be provided in English or translated.

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

SECTION III – CERTIFICATIONS, ACADEMIC HONORS AND COMMUNITY AWARDS

Copies of certifications, honors, and awards need to be included with the application

List certifications of special training you have received within the last three (3) years and are current
(Examples: BLS, ACLS, CMA, CNA)

1. 2.
3. 4.
5. 6.

List any academic honors and community awards received within the last three (3) years: (Please use back of page if necessary)

1. 2.
3. 4.
5. 6.

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