

MARY MARSHALL NURSING SCHOLARSHIP PROGRAM FOR LICENSED PRACTICAL NURSES

Eligibility

To be considered for a Mary Marshall Nursing Scholarship, an applicant must meet the following criteria:

1. Residency in Virginia for at least one year;
2. Acceptance or enrollment as a full-time or part-time student in a practical school of nursing in the state of Virginia; and
3. Have submitted a completed application form and a recommendation from the Program Director regarding scholastic attainment and financial need prior to June 30.

Failure to comply with any of the above will cause the applicant to be ineligible for a Mary Marshall Nursing Scholarship. Applicants will be evaluated and ranked by the scholarship committee and the most qualified applicants will be awarded the scholarships.

Conditions of Scholarships

It is important that all applicants fully understand the conditions of accepting a Mary Marshall Nursing Scholarship. These awards are not gifts. Scholarship recipients must agree to engage in full-time nursing in Virginia for one month for every \$100 received. Therefore, if a student received \$1,200 in scholarship awards, he/she must repay that amount by working continuously in Virginia for 12 months. The award recipient has 60 days from the date of graduation to obtain his/her license. Full-time employment must begin within 90 days of the recipient's licensure date. Voluntary military service, even if stationed in Virginia, cannot be used to repay scholarship awards.

Penalty

If, for any reason, a scholarship recipient fails to complete his studies or to engage in **full-time** nursing in Virginia, the full amount of money represented in the scholarship(s) received, plus an annual interest charge, as established by the Commonwealth of Virginia, must be repaid immediately.

Recipients must take the first scheduled licensing examination following graduation. If recipient does not pass, he/she must retake the next scheduled examination. If he/she does not pass the second examination, he/she must repay all scholarship money received, plus an annual interest charge, as stated above.

If a recipient leaves Virginia or ceases to engage in full-time practice as a licensed practical nurse before fulfillment of the scholarship obligation, the recipient must repay the balance on his/her account, plus an annual interest charge, as established by the Commonwealth of Virginia.

Before any scholarship is awarded, the applicant must sign a written contract agreeing to these terms, as established by law and the Board of Health.

Number of Applications Per Student

Scholarships are awarded for single academic years. However, a recipient may, after demonstrating satisfactory progress in his/her studies, apply for a scholarship award for a succeeding academic year. No student may receive a scholarship for more than a total of four years.

Scholarship Amount

The amount of each scholarship award is dependent upon the amount of funds appropriated by the Virginia General Assembly, the amount of money collected by the Board of Nursing, and the number of qualified applicants. All scholarships are awarded without regard to race, color, religion, sex or national origin.

How to Apply

Applications and guidelines are available online from May 1 to June 30 every year. Applications must be typed, printed and mailed (with original signatures) to the Office of Minority Health and Public Health Policy.

Virginia Department of Health
Office of Minority Health and Public Health Policy
ATTN: Nursing Scholarship
109 Governor St., Suite 1016 East
Richmond, Virginia 23219

Students pursuing a nursing degree not available in Virginia, are not eligible for the scholarship.

Application Deadline

Applications must be postmarked no later than June 30 for the academic year, beginning in the Fall of that calendar year. Applications and/or transcripts postmarked after the above date **will not be considered** for scholarship awards. Applications will not be accepted in The Office of Minority Health and Public Health Policy prior to May 1.

Legislative Authority

Sections 23-35.9-13 and 32.1-122.6-01 of the *Code of Virginia* authorize annual nursing scholarships for students enrolled in nursing education programs. The Board of Health is authorized to award available nursing scholarships from the Nursing Scholarship Fund established in 54.3011.2 pursuant to the procedures for the administration of the scholarships awarded.

Under the law, a Nursing Scholarship Advisory Committee appointed by the State Board of Health makes all scholarship awards. The Nursing Scholarship Advisory Committee consists of eight members or their designees: four deans or directors of nursing schools, two former scholarship recipients, and two members with experience in the administration of student financial aid programs. Committee appointments are for two years, and members may not serve more than two successive terms. In the Spring of 1992, another member was added to the committee to represent the Practical Nurse programs. Thus, the Advisory Committee consists of nine member or their designees.

The Mary Marshall Nursing Scholarship awards are competitive; there are usually more applicants for scholarship awards than there are funds available. Awards are made upon such basis, competitive or otherwise, as determined by the Advisory Committee, with due regards for scholastic attainments, financial need, and adaptability of the applicant for the service contemplated in such award. No award shall be made if the applicant fails to possess the requisite qualifications.

Funds should be used only for payment of charges for tuition, fees, room, board, or other educational expenses, as prescribed by the Board of Health. Funds will be transmitted to the appropriate institution to credit the account of the recipient.

The Office of Minority Health and Public Health Policy serves as staff to the Nursing Scholarship Advisory Committee and plays no role in the determination of scholarship recipients.

APPLICATION REQUIREMENTS

Please ensure that you read and understand the following information prior to applying for a scholarship award.

Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.

1. All items on the application form **must be answered**.
2. Applicants must be a high school graduate or have a GED. (Proof must be submitted along with application).
3. Applicants must be enrolled as a full-time or part-time nursing student and engage in nursing study at the time of the award. Applicants enrolled as part-time students must report the total number of hours they are taking.
4. Applications and transcripts must be postmarked by **June 30th** for the academic year beginning in the Fall of that calendar year.
5. It is the responsibility of the applicant to see that:
 - a. The application form is completed entirely;
 - b. All original signatures are obtained on the application forms; and
 - c. Application and official grade transcript are mailed prior to June 30th to:

Virginia Department of Health
Office of Minority Health and Public Health Policy
ATTN: Mary Marshall Nursing Scholarship
109 Governor St., Suite 1016-East
Richmond, Virginia 23219

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2009 APPLICATION**

CHECKLIST

This checklist has been provided to facilitate your application process. Please ensure that all items have been completed or submitted with the application prior to mailing. The applicant is responsible for ensuring that the application is complete. Only completed applications will be considered for scholarship awards.

Please keep this checklist for your records.

- A completed Mary Marshall Nursing Scholarship Program Licensed Practical Nurse Application for 2008-2009, with original signatures. **Old applications and handwritten applications will not be accepted.**

Please be sure that:

- All items on the application are addressed.
- Program Director or authorized school official has completed their section(s) of the application. (Sections 8, 9, and 10)
- All authorized school officials have signed and dated the application in the designated places.
- You have requested a high school transcript or have provided a copy of your GED with the application.
- The application is mailed to the Office of Minority Health and Public Health Policy by the June 30th deadline.
- You maintain a copy of this application for your records.

SECTION 1 – PERSONAL DATA

Date of Application: _____

Name: _____
Last First MI Maiden

Address: _____
Street Number and Name

City State Zip

Day Phone Number: (000) 000-0000 Evening Phone Number: (000) 000-0000

Email Address (if available): _____

Social Security Number: 000-00-0000 Sex: Please Select One

Date of Birth: _____ Place of Birth: _____

Race: Please Select One Other: _____

How long have you been a resident of Virginia?

Congressional District: _____ (Please check with your voter registration office or visit <http://nationalatlas.gov/printable/congress.html>)

Are you a high school graduate? Please Select One Do you possess a GED? Please Select One

Are you a certified nursing assistant (CNA)? Please Select One

Have you ever received a Mary Marshall Nursing Scholarship? Please Select One

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? _____

Do you speak another language? Please Select One If yes, please list: _____

CONTACT PERSON (OTHER THAN APPLICANT) _____

Name: _____
Last First MI

Address: _____
Street Number and Name

City State Zip

Phone Number: (000) 000-0000 Relationship to Applicant:

SECTION 2 – NURSING EDUCATION

School of Nursing: _____

Student Identification Number if (available) _____

Address: _____

Street Number and Name

City State Zip

Full-time Student: Part-time Student: If Part-time student, how many credit hours are you taking?

Date of enrollment in present Nursing Program: Month Year

Expected date of graduation: Month Year

Have you transferred to this school from another nursing program? Please Select One

Name of previous school: _____

SECTION 3 – PRIOR EDUCATION

School	Diploma/Degree	City and State	Date of Attendance	Reason for Leaving
1.			-	
2.			-	
3.			-	

SECTION 4 – WORK EXPERIENCE

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

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

SECTION 5 – OTHER FINANCIAL ASSISTANCE

Are you receiving any other type of financial aid for the upcoming school year? Please Select One

Please indicate:

SECTION 6 – NARRATIVE SUMMARY (Required)

Explain briefly, *in one full page*, the significance of the Mary Marshall Nursing Scholarship in pursuing your educational goals.
(Explain your financial need, and include your plans for professional practice following graduation)

Signature of Applicant

Date

SECTION 7 – CERTIFICATION STATEMENT

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 my scholarship eligibility. 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 Mary Marshall Nursing Scholarship.

Signature of Applicant

Date

Full Name (Please Print)

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2009 APPLICATION**

SECTION 8 – STATEMENT OF FINANCIAL NEED

To be completed by the Financial Aid Officer or Program Director

Please print this form after completion, please provide original signature and provide to scholarship applicant to be mailed with the rest of their application.

Full Name of Applicant: _____

Full Name of School of Nursing: _____

Student Identification or Social Security Number _____

Phone Number: (000) 000-0000

This section must include a monetary recommendation.

1. Student Costs: Cost of Program for one year
(including tuition, fees, books, uniforms, etc.) _____
2. Scholarship Recommendation:
Based upon a review of this applicant's financial situation, I recommend a Mary Marshall
Nursing Scholarship award of (*check one*):
 - \$800 to \$1,000
 - \$500 to \$800
 - \$0 to \$499

Name of Financial Aid Officer/Authorized Person (Please Print)

Phone Number

Signature of Financial Aid Officer/Authorized Person

Date

E-Mail Address

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SECTION 9 – STATEMENT OF SCHOLASTIC ATTAINMENT

To be completed by the Program Director

Please print this form after completion, provide original signature and then forward to the scholarship applicant to be mailed with the rest of their application.

Please describe the applicant's scholastic ability. It is important that students have the potential to complete their studies because of the financial penalty involved in paying back scholarship awards.

I certify that this student is a high school graduate or possesses a GED

Name of Program Director (Please Print)

Phone Number

Signature of Program Director

Date

E-Mail Address

