

NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP PROGRAM

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) A current official transcript of grades (nursing school, college) must be submitted from **all graduate and undergraduate schools attended**. The transcript must contain sufficient information to identify it as a component of a scholarship application.
- 3) Applicants must demonstrate a cumulative grade point average of at least 3.0 in undergraduate and graduate programs.
- 4) Applications must be signed by the Dean/Director/Chair of the Nurse Practitioner/Nurse Midwifery Program.
- 5) Applications and transcripts must be postmarked by **June 30 for the academic year** beginning in the fall of the calendar year that you are applying, e.g., June 20, 2010 for academic/year 2010-2011. Applications will not be accepted prior to May 1.
- 6) **Two references are required** from persons that have known you in a professional or educational setting. Ensure that references include your full name as provided on the scholarship application for easy matching of reference to application. The references submitted will be part of the overall consideration of the application.
- 7) It is the responsibility of the applicant to see that:
 - a) The application form is completed entirely;
 - b) A current official grade transcript is included with the application or has been mailed to the Virginia Department of Health prior to June 30;
 - c) All original signatures are obtained on the application form; and
 - d) Application, recommendations and official grade transcript(s) are mailed prior to June 30th to:

Virginia Department of Health
Office of Minority Health and Health Equity
ATTN: Nursing Scholarships
109 Governor St., Suite 1016-East
Richmond, Virginia 23219

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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. Please maintain a copy of the application for your records. 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 Nurse Practitioner/Nurse Midwife Scholarship Application for 2010, with original signatures. **Old applications and handwritten applications will not be accepted.**
- A **current official (sealed) transcript** of grades from all graduate and/or undergraduate courses.
- A **statement of intent** to practice as a nurse practitioner/nurse midwife in an underserved area of Virginia following graduation.
- Two letters of reference.
- A recommendation for this scholarship by an authorized school official.

Please make sure that:

- All items on the application are addressed.
- All authorized school officials sign and date the application in the designated places.
- The application and transcript(s) are mailed to the Virginia Department of Health by the June 30 deadline.
- You maintain a copy of the application for your records.**

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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>)

Have you ever received a Nurse Practitioner/Nurse Midwife Scholarship? Please Select One

If yes, in what year(s)? _____

If you had a different name when you applied previously, please provide it here:

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:

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SECTION 2 – NURSING EDUCATION

School of Nursing: _____

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?

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

Name of previous school: _____

Date of enrollment in present Nursing Program: Month Year

Expected date of graduation: Month Year

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

<u>Program</u>	<u>Current Level</u>	<u>Level in September</u>
Please Select One	Please Select One	Please Select One

SECTION 3 – PRIOR EDUCATION

School of Nursing	University/College	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 – COMMITMENT OF SERVICE

NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP

Are you currently residing in an area designated as a medically underserved area? Please Select One

See the list and map online: <http://www.vdh.state.va.us/healthpolicy/healthcareworkforce/nursingscholarships.htm>

If yes, please indicate the city or county: _____

Do you plan to seek employment in an area officially designated as a medically underserved area and in an employment setting that provides services to persons who are unable to pay for the service and participates in all government sponsored insurance programs designed to assure access to medical care services for covered persons? Please Select One

SECTION 6 – OTHER SCHOLARSHIPS/GRANTS

Are you the recipient of other scholarships/grants for the upcoming school year? Please Select One

Please indicate: _____

SECTION 7 – NARRATIVE SUMMARY (Required)

Explain briefly, *in one page or less*, the significance of the Nurse Practitioner/Nurse Midwife Scholarship in pursuing your educational goals. Also, include your plans for professional practice following graduation.

Signature of Applicant

Date