

**AORN Brazos Bend Chapter #4433
Nursing Scholarship**

This \$250.00 scholarship is for students with high academic achievement majoring in Nursing and desiring to practice perioperative nursing.

Please read the following information carefully and fill in all blanks.

1. Please print or type all information and attach an additional sheet if more space is required.
2. For scholarship consideration this application must be brought or mailed to:
Brazos Bend AORN Chapter #4433
Attention: Sandy Eversole, RN
15426 John Miller Road
Guy, Texas 77444
3. Deadline for receiving application materials is **March 8, 2019**.

The application must be complete to be considered. The scholarship will be awarded on the basis of information contained in the application with a personal interview as an option.

(MR/MRS/MISS/MS): _____
Last Name First MI

Marital Status: ___ Single ___ Married ___ Divorced If married, is your spouse a student? _____

U.S. Citizen: ___ Yes ___ No Permanent U.S. Resident ___ Yes ___ No

Date of Application: _____ SSN: _____

Street Address: _____ City: _____

State: _____ Zip: _____ PHONE: () _____

Current Employer: _____ City, State: _____

Department: _____ Total Years in Nursing: _____

Current School of Nursing Enrollment: _____

Current Program (ADN, BSN, MSN): _____

Current GPA: _____ Expected Graduation Date (Month/Year): _____

Anticipated number of hours during upcoming semester _____

Eligibility Requirements:

1. Minimum 3.0 GPA
2. Majoring in Nursing with plans to pursue perioperative nursing
3. Enrolled in a minimum of 3 hours per semester toward completion of degree plan.

Please attach a college transcript and the following information (**TYPEWRITTEN**):

- A. List any extracurricular activities and/or offices held in organizations.
- B. Make a brief statement regarding your work experience and career goals.
- C. Make a statement regarding your financial needs and list all other financial aid that you expect to receive.

Release of Information:

I, _____, grant permission to the Scholarship Committee to obtain information about my grade point average, enrollment status and financial status (if applicable) to evaluate my candidacy for scholarship awards. I understand that information will be kept confidential and will be available only to Scholarship Committee members having a need to know for the purpose of scholarship determination.

Signature

Good Faith Statement:

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I GRANT PERMISSION TO THE SCHOLARSHIP COMMITTEE MEMBERS TO REVIEW AND VERIFY CONTENTS.

Signature

Application Checklist:

- _____ Scholarship Application
- _____ Most Recent College Transcript
- _____ Resume/Statement - involvement in extracurricular & organizational activities, offices held, etc
- _____ Professional Statement Attached
- _____ Financial Need Statement Attached
- _____ Signature on release of information and good faith statements