NURSING SCHOLARSHIPS
STATELINE NURSES NETWORK NFP

Four $1,000.00 scholarships are available to students in the following categories:
  Pre-licensure Student
  B.S.N. Completion Student
  Graduate Student
  Doctoral Student

Scholarships are awarded primarily on the basis of academic merit and demonstration of potential for excellence in professional nursing practice. A specific minimum GPA has been established and is as follows: minimum of 3.0 GPA out of 4.0 scale or 4.0 GPA out of 5.0 scale. Utilization of the award money is left to the discretion of the student (tuition, books, travel, expenses, child care, etc.)

ELIGIBILITY CRITERIA
PRELICENSURE SCHOLARSHIP CRITERIA
The applicant must:

1. Be enrolled in at least the 2nd semester of clinical nursing courses in a basic program, and
2. Obtain one letter of recommendation (excluding relatives). The reference should be from someone who can speak to the clinical competence of the applicant.

B.S.N. COMPLETION, GRADUATE AND DOCTORATE SCHOLARSHIP CRITERIA
The applicant must:

1. Be an RN currently enrolled in a baccalaureate or graduate nursing or doctorate education program, and
2. Obtain one letter of recommendation (excluding relatives). The reference should be from an employment supervisor or faculty member who can speak to the clinical competence of the applicant.

ALL APPLICANTS MUST

Complete the application form and submit the application and letter of recommendation to the selection committee on or before March 1, 2013.

Address for submission is on the application form.
NURSING SCHOLARSHIPS
STATELINE NURSES NETWORK NFP
APPLICATION

Application for: PLEASE CHECK ONE

_______ Pre-licensure
_______ BSN Completion – only if RN licensure
_______ Graduate
_______ Doctoral Candidate

Name ____________________________________ Date of Birth __________________
Permanent Address ______________________ City ______________ State _____ Zip _____
Present Address (if different from above) __________________________
Telephone Number _______________________

EDUCATION
Institution now attending __________________________
Institution address ___________________________________________
Current semester enrolled in Clinical Nursing Program (for pre-licensure only)_________
Current hours enrolled (for pre-licensure only) ____________
Expected date of completion __________________________
Are you a Registered Professional Nurse? __________

OTHER EDUCATIONAL INSTITUTIONS ATTENDED: List colleges, vocational, back to high school, etc.

SCHOOL ADDRESS DATES ATTENDED DEGREE
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

EMPLOYMENT HISTORY
EMPLOYER POSITIONS/DUTIES DATES HOURS PER WEEK
________________________________________________________________________
________________________________________________________________________

HONORS/AWARDS
List special honors/awards received:

HONOR __________________________ DATE __________
HONOR __________________________ DATE __________
HONOR __________________________ DATE __________

PROFESSIONAL CERTIFICATIONS

________________________________________________________________________
________________________________________________________________________

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COMMUNITY VOLUNTEERISM
Describe any activities in which you have volunteered your time and talents:

PROFESSIONAL/SCHOOL ACTIVITIES
Describe any activities in which you participate to advance the profession of nursing:

PERSONAL STATEMENT
Identify your personal strengths and professional goals and how they will contribute to the nursing profession. How will this scholarship award help you attain your goals? (100 words or less/attach separate sheet if necessary)

Applicant’s signature ___________________________ Date _______________

VERIFICATION OF STUDENT STATUS (MUST BE COMPLETED)
I verify this student is currently enrolled in a PRELICENSURE/B.S.N./GRADUATE (underline appropriate program) nursing program at: ___________________________ and is in good standing.
Verification of cumulative GPA ______ 4.0 or 5.0 scale (circle one)

Signature: ___________________________ Title: ___________________________ Date: _______________

Send completed application and one reference to:

Stateline Nurses Network NFP Scholarship Committee
e/o Cheryl Troxel, MSN, RN
5050 E. State Street, Starr 240
Rockford, IL 61108

• Do not send more than 1 reference – extras will be discarded.
• Only complete applications will be considered.
• Deadline for receipt of application is March 1, 2013
• Questions? Contact Cheryl Troxel at ctroxel@rockford.edu or 815-226-4111
STATELINE NURSES NETWORK NFP
SCHOLARSHIP
LETTER OF RECOMMENDATION REQUIREMENTS
(To be sent by the applicant to the individual writing the letter of recommendation)

_________________________________________ has applied for a nursing scholarship through the STATELINE
NURSES NETWORK NFP. We ask that you verify and complete this form at your earliest
convenience and return it to the address indicated below. Thank you for taking the time needed to
complete this reference form.

Sincerely,
The Stateline Nurses Network NFP Scholarship Committee

Send completed letter of recommendation and form to:
Stateline Nurses Network NFP Scholarship Committee
c/o Cheryl Troxel, MSN, RN
5050 East State Street, Starr 240
Rockford, IL 61108

I authorize the above named person to furnish to the Stateline Nurses Network NFP with the information
requested on this form.

_________________________________________
Signature of Applicant

Name of Applicant ____________________________________________
Other Names Used ____________________________________________ SS Number __________________

Requirements:
1. A letter of recommendation is required to be written by an employment supervisor or faculty
member who can speak to the clinical competence of the applicant.
2. The letter of recommendation must briefly include each of the following elements:
   Potential for leadership
   Clinical performance
   Responsibility and Accountability
   Adaptability
   Motivation and Initiative
   Attitude and Behavior
3. The individual writing the letter of recommendation must describe the applicant’s potential for
contribution to the profession of nursing.
4. The letter must include a signature and title of the person writing it, the relationship to the
applicant and the date the letter was written.
5. This document must be sent back to the scholarship committee with the letter of
recommendation.
6. The letter of recommendation with the requirement document can be sent individually or with
the application to the scholarship committee using address at the top of the document.

Deadline for receipt of application and Letter of Recommendation is March 1, 2013.
STATELINE NURSES NETWORK NFP

APPLICANT’S CHECK LIST OF COMPLETION

(This document is to be used to assist the applicant in completing all the documentation required for the Stateline Nurses Network NFP Scholarship)

☐ Application form complete
  • Verification of student status section must be completed by college official.

☐ Letter of Recommendation Requirement document sent to individual who is writing recommendation.
  • Remind individual to include the Letter of Recommendation Requirement document with the letter and that the deadline is March 1, 2013.
  • Letter of recommendation can be sent separately or with application.

☐ Mail scholarship application:
  Stateline Nurses Network Scholarship NFP Committee
c/o Cheryl Troxel, MSN, RN
5050 East State Street, Starr 240
Rockford, IL 61108

  • Must be received by March 1, 2013
  • Questions? Contact Cheryl Troxel at 815-226-4111 or ctroxel@rockford.edu