

**VIRGINIA LEAGUE FOR NURSING APPLICATION
FOR SCHOLARSHIP 2023-2024**

PURPOSE:

To provide financial assistance for qualified students preparing for a career in the nursing profession.

SCHOLARSHIPS:

- A. The Virginia League for Nursing will award up to five \$500.00 scholarships to selected applicants for the upcoming school year/term. There will be one scholarship for each of the following categories:
 - Practical Nursing
 - Associate Degree Nursing
 - Baccalaureate Nursing
 - Master's Nursing
 - Doctorate Degree
- B. Scholarship recipients will be selected by the Scholarship Committee, Virginia League for Nursing. Recipients will be selected without regard to race, gender, religion, age, national origin, marital status, or disability. All information will be held in strict confidence.
- C. Awards will be paid by the Virginia League for Nursing directly to the school of nursing, college, or university attended by the recipient, for application to his/her account.

ELIGIBILITY REQUIREMENTS AND GENERAL INFORMATION:

- I. The applicant must be a Virginia resident.
- II. The applicant must be a member of the Virginia League for Nursing (VLN). Completion of the scholarship application and membership application to the VLN must be completed to be considered for a scholarship. The membership application is located on the VLN website. There is no fee for student membership, however, you must complete the application form.
- III. The applicant must have been accepted for admission to a school of nursing that is nationally accredited (i.e. CNEA, ACEN, CCNE). Doctoral students must have been accepted for admission to a nursing or closely related program (Ex. DNP, PhD, EdD) that supports the profession of nursing.
- IV. Scholarships will be awarded on the basis of academic record and financial need.
- V. Applicant's parents or guardians must submit scholastic and financial data, if applicable.
- VI. Applications must be filed by **November 1, 2023**.
- VII. Scholarship awards will be formally announced during the VLN Annual Meeting in **2024**.
- VIII. Since failure to complete nursing education defeats the purpose of the Scholarship Program, reimbursement to the Scholarship Fund is required of recipients who voluntarily withdraw from the nursing curriculum or who are asked to leave for academic or other reasons. Such recipients are responsible for informing the Committee of termination of study and making arrangements for repayment of the award.
- IX. Completed applications and transcripts must be received by the due date and will not be considered if postmarked by the due date.
- X. The application packet and official transcripts will not be returned to the applicant.

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- XI. Completed applications must be sent to:
Kathy S. Faw, MSN, RN
Scholarship Chair, Virginia League for Nursing
8264 Redberry Lane
Mechanicsville, VA 23116

SECTION 1 – PERSONAL DATA

Legal Name: _____
Last First MI Maiden

Permanent Address: _____
Street Address

City State Zip

Phone Number: _____

E-Mail Address: _____

State of Legal Residence: _____

Dependency Status: _____(Independent or Dependent)

SECTION 2 – NURSING EDUCATION

School of Nursing/ _____
College/University:

Student ID _____
Number:

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School

Address: _____

Phone Number: _____

Enrollment Status:

- ☐ Full-time Student
- ☐ Part-time Student: If part time how many credit hours are you taking? _____
- ☐ Date of Enrollment: (mm/dd/yyyy)_____
- ☐ Expected Date of Graduation: (mm/dd/yyyy)_____

Nursing/Educational Program Level:

- ☐ Practical Nursing
- ☐ Associate
- ☐ Baccalaureate
- ☐ Master's
- ☐ Doctorate

Area of Focus: _____

SECTION 3 – PRIOR EDUCATION

Please check the program types(s) you have successfully completed.

☐ CNA ☐ LPN ☐ AAS, RN ☐ BSN ☐ MSN

☐ Other _____

Current License: _____ Current License Number: _____

Current Certification: _____ Current Certification Number: _____

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School	Degree/ Diploma	City/State	Dates of Attendance	Degree/Diplom a Earned

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SECTION 4 – OTHER HEALTH-RELATED AND/OR VOLUNTEER EXPERIENCES

☐ *Check here if you have never been involved in any health related and/or volunteer activities and skip to Section 6.*

Position	Organization	City/State	Dates of Work	Duties

SECTION 5 – OTHER FINANCIAL ASSISTANCE

List expenses you expect to incur per semester or quarter (approximate figures acceptable): Additional comments as necessary.

EXPENSE	AMOUNT
Tuition	
Books	
Room & Board	
Uniforms	
Other Expenses	
Other Expenses	
TOTAL	

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List other financial assistance you will receive per semester or quarter:

FINANCIAL ASSISTANCE	AMOUNT
Personal	
Other Scholarship(s)	
Grant(s)	
Student Loan(s)	
Other Financial Resources	
TOTAL	

**PLEASE SUBMIT AN OFFICIAL TRANSCRIPT OF GRADES FROM LAST
EDUCATIONAL PROGRAM ATTENDED AND CURRENT NURSING
PROGRAM.**

STATEMENT OF APPLICANT

If I am awarded a scholarship, it is my intention to complete the educational program outlined and to serve as a member of the profession for which I am prepared. I agree to inform the Virginia League for Nursing of the source and amount of any other scholarship assistance I may receive.

I agree to inform the Virginia League for Nursing immediately if I am no longer interested in continuing my nursing education, in which case I agree to reimburse the Virginia League for Nursing Scholarship Fund for monies advanced.

I understand that all application fees are non-refundable whether or not I am selected to receive a scholarship.

I agree that this application and all credentials submitted by me and others on my behalf are true to the best of my knowledge, and that these will remain the property of the Virginia League for Nursing.

DATE _____

SIGNATURE OF APPLICANT _____

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STATEMENT OF NURSING/EDUCATION PROGRAM

Statement of eligibility requirements for admission to program for preparing Registered or Licensed Practical Nurses or for a Health-Related Graduate Program:

I certify that _____ fulfills the requirements for admission to
_____(College/University). In my opinion,
_____ meets recommendations as an applicant and I
recommend that he/she be considered for a Virginia League for Nursing Scholarship. His/her
current grade point average is _____ on a _____ point system at the end of the
_____ quarter/semester. Date of entrance: _____

COMMENTS:

DATE: _____

SIGNATURE OF DEAN OR DIRECTOR: _____