PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN HOUSTON

2010 NURSING SCHOLARSHIP AWARD

The **PNAMH Nursing Scholarship Award** is a program established to support deserving Nursing students to assist in the pursuit of their career. The organization will award a onetime scholarship fund of up to $750.00 per recipient upon meeting established criteria and merits and all **ELIGIBILITYGUIDELINES as stated below:**

- Must be a full time nursing student and of a Filipino-American descent.
- Must be currently enrolled in an accredited undergraduate nursing program, already in the Clinical Program Phase leading to an Associate or Bachelor's Degree in Nursing.
- As a Post Graduate Nurse, he/ she must be a Filipino –American descent and currently enrolled in a Master's and/or Doctoral degree program.
- **Incomplete applications will be grounds for disqualification.**

All applications are handled by the Scholarship and Awards Committee. The selection process is based on the established criteria. Application screening and final selection will be made by the committee members based on content and completion requirements.

Scholarship recipients will be honored at the PNAMH Awards Ceremony coinciding with the annual **National Nurses' Week celebration on May 29th, 2010 at the Westside Omni Hotel.**

Application forms can be downloaded from the website: www.pnamh.com under Scholarship and Awards Forms

All completed forms and required supporting documents needed must be submitted to Grace Diaz-Font, Chair by email: gfontrn@sbcglobal.net
or via postage mail in a binder or folder to:

The PNAMH Scholarship and Awards Committee
13559 Pasa Robles Lane
Houston, TX 77083
Grace Diaz-Font MS RN - Chair
Phone: 281. 568. 3153 (H); 832. 434. 2809 (C)

All applications must be received on or before the DEADLINE: MARCH 31, 2010.

Requirements:

1. Completed application form
2. Resume'
3. Two letters of reference from a faculty (school letterhead form)
4. Academic transcript of records
5. An essay on the following topics:
   a. Impact of the Scholarship award on their Nursing career
   b. Career Goals
   c. Community Service involvement within the last 5 years
   d. "Creating and Transforming the Future of Nursing"

APPLICATION FORM

Date of Application: _____

Name: _____

Place of Birth: _____

Address: _____

Email address:_____

Telephone # (H) _____ Cell# _____

School/College of Nursing:
_____

Degree: ADN _____ BSN _____ Junior_____ Senior _____

Master: _____ Doctoral Program _____

A. Discuss briefly your career goals: 150 words max (25%)

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B. How the Scholarship would impact your nursing career:
250 words max (25%)

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C. Describe your community involvement: 250 words max (25%)

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D. ESSAY: "Creating and Transforming the Future of Nursing" (_25%)

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_____

Use extra sheet/s on each category as needed.

I attest to all facts contained in this form and give permission for verification.

Applicant Signature: _____

Check for completion of documents:

_____ Completed application form (All questions must be answered to consider application complete!)

_____ Transcript of records/ GPA 3.5(Min)

_____ Community service verification form

_____ Two letters of reference from faculty

_____ 2x2 photograph

_____ Resume

COMMUNITY SERVICE VERIFICATION FORM

Applicant Name:_____
Activity: _____
Date: _____
Sponsoring organization: _____
I verify that the above applicant has participated in this community activity.

_____
President/Program Chairperson

Activity: _____
Date: _____
Sponsoring organization: _____
I verify that the above applicant has participated in this community activity.

_____
President/Program Chairperson

Activity: _____
Date: _____
Sponsoring organization: _____
I verify that this applicant has participated for this community activity.

_____
President/Program Chairperson

Activity: _____
Date _____
Sponsoring organization: _____
I verify that this applicant has participated in this community activity.

_____
President/Program Chairperson

Activity: _____
Date: _____
Sponsoring organization: _____

I verify that this applicant has participated in this community activity

_____

President/Program Chairperson

<u>Leadership Class /In-service verification Form</u>

Activity: _____
Date: _____
Sponsoring organization: _____
I verify that the above applicant has participated in this educational/leadership activity

_____

President/Program Chairperson

Activity: _____
Date: _____
Sponsoring organization: _____
I verify that this applicant has participated in this educational/leadership activity

_____

President/Program Chairperson

Activity: _____
Date _____
Sponsoring organization: _____
I verify that this applicant has participated in this educational/leadership activity

_____

President/Program Chairperson

Activity: _____
Date: _____
Sponsoring organization: _____
I verify that this applicant has participated in this educational/leadership activity
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President/Program Chairperson

Activity: _____
Date: _____
Sponsoring organization: _____
I verify that this applicant has participated in this educational/leadership activity

_____

President/Program Chairperson