

UTAH NURSES FOUNDATION NURSING GRANT-IN-AID SCHOLARSHIPS

SCHOLARSHIP INFORMATION

- Scholarships must be postmarked by June 1 or October 1 of each calendar year to be considered.
- Applicants will receive notice of the Board's recommendations by July 15 & October 15 of each calendar year.
- Scholarships will be awarded for tuition & books only.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

GENERAL SCHOLARSHIP CRITERIA

The applicant must:

- Have a cumulative grade point average which is equivalent to a 3.0 or higher on a 4.0 scale.
- Be a United States citizen & a resident of Utah.
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student in undergraduate nursing programs, be involved in the school's chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah, which will be evaluated by the Scholarship Committee.
- Submit three original letters of recommendation. Letters submitted from faculty advisor & employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
- Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
- Demonstrate a financial need. All of the applicant's resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly & correctly listed (& include dollar amounts & duration of each source of aid) on the application.
- The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees.
 - RNs pursuing BSN
 - Graduate & postgraduate nursing study
 - Formal nursing programs – advanced practice nurses
 - Students enrolled in undergraduate nursing programs
- The Applicant is required to submit the following with the completed application form:
 - Copy of current official transcript of grades (no grade reports).
 - Three letters of recommendation.
 - One must be from a faculty advisor.
 - Once must be from an employer. (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant's work ethic, either through volunteer service or some other form.)
 - At least one should reflect applicant's commitment to nursing.
 - All must be in original form.
 - All must be signed & addressed to the UNF (Utah Nurses Foundation) Scholarship Committee.
 - Narrative statement describing your anticipated role in nursing in Utah, upon completion of the nursing program.

- Letter from the school verifying the applicant's acceptance in the nursing program.
- Copy of ID from National Student Nurse Association of Utah Nurse Association with membership number.

AGREEMENT

In the event of a scholarship award, the nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.

Student recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.

If for any reason the education program &/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

NURSING GRANT-IN-AID SCHOLARSHIPS Application				
Date				
Name				
Present Address				
	Street	City	State	Zip Code
Permanent Address				
	Street	City	State	Zip Code
Telephone Number	(H)	(C)	(W)	
Please indicate school of nursing to which you would apply a UNF scholarship				
Starting Date		Expected Graduation Date		
Current & previous nursing experience (if applicable) – Attach Resume				
Where did you obtain your information about UNF & its scholarship program?				
Reason for scholarship need				
Description of scholarship amounts requested (itemize tuition & books for each quarter or semester as well as financial support available). Please use this format & attach to application.				
	Expense Description	Amount Requested	Financial Support Available	
Estimated total for the semester		\$	\$	
Estimated for the academic year		\$	\$	
List amounts of all other financial support available (i.e. awards, loans, gifts, scholarships, tuition reimbursements, wages, parents, spouse). Please attach to application.				
The undersigned applicant agrees that if this application is accepted & an award made, the applicant will be bound by the terms & conditions of the award. The applicant certifies that the above statements are true & correct & are given for the purpose of obtaining a UNF scholarship. The Utah Nurses Foundation is authorized to verify the statements contained herein & all information contained on this application will be held in confidence.				
Signature		Date		
If you have any questions regarding the application, you may call the Utah Nurses Association at 801-272-4510 or toll free: 800-236-1617. Please send the completed application to:				
Utah Nurses Association 4505 South Wasatch Blvd #135 Salt Lake City, UT 84124				