Mable E. Lamb Endowed Nursing Scholarship

Purpose: To assist students at the UAB School of Nursing in pursuing a degree in Nursing

Eligibility Requirements:

1. Applicants must be currently enrolled or admitted to a degree program within the UAB School of Nursing.
2. Applicants must be a full-time student in good standing.
3. Applicants should demonstrate academic promise and have earned at least an overall 2.8 GPA prior to application for the scholarship.
4. Preference will be given to applicants who are deserving of financial assistance as determined by the UAB Office of Student Financial Aid.
5. Preference will be given to students currently enrolled in, or admitted to, the RN Mobility program, the BSN program, or the MSN program in the UAB School of Nursing.
6. We strongly encourage all applicants to complete the Free Application for Federal Student Aid through the UAB Financial Aid Office in order to be considered for need-based scholarships.

Application Procedure:

- Complete the attached application form.
- Submit a double spaced typed narrative, 2 pages maximum, which addresses:
  (1) short-term and long-term nursing career goals.
  (2) the need for the scholarship.
  (3) prior/current community and/or campus activities.
- Submit two recommendation forms completed by college faculty members and/or a professional/employment associate or employer. This form should be returned to you in a sealed envelope to include with your application.
- Submit a one-page resume.
- Any additional materials will not be considered in awarding this scholarship.
- Applicants: It is your responsibility to submit the entire application packet at one time.

A committee composed of Board Members from the Nursing Chapter of the UAB Alumni Association will select the scholarship recipient(s).

Scholarship(s) will be awarded for the fall 2015 semester.

Mail completed application to: Submission Deadline: May 29, 2015

UAB School of Nursing Alumni Chapter
c/o Stephanie Hamberger
UAB School of Nursing, NB 1003
1720 2nd Avenue South
Birmingham, Alabama, 35294-1210
Mable E. Lamb Endowed Nursing Scholarship
University of Alabama School of Nursing at UAB

Application

Name____________________________________________Student ID #:  B_______________

Mailing Address________________________________________________________________

Permanent Address______________________________________________________________

Current Phone_________________________  UAB Email________________________________

Program:  BSN_______    RN Mobility Program ________    MSN _______     Other   ________

How many hours of course work do you plan to take fall 2015 semester?  ___________________

Nursing GPA (NUR courses only) __________ REQUIRED    Overall GPA _________

Term Admitted to the SON __________________ Expected Term of Graduation_________________

Nursing population/area of interest: (pediatrics, geriatrics, cardiology etc.) _________________

Honors, Awards, and Scholarships Received __________________________________________

______________________________________________________________________________

______________________________________________________________________________

Prior Degrees (if any):  Include institution & year received:

______________________________________________________________________________

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______________________________________________________________________________

All applicants please complete:

Under the provisions of the “Family Educational Rights and Privacy Act of 1974”, I grant access to my
academic record to UASON Alumni Association for consideration of my application for this scholarship.

DATE      SIGNATURE

SUBMIT APPLICATION MATERIALS TO:

UASON Alumni Chapter
  c/o Stephanie Hamberger
  UAB School of Nursing, NB 1003
  1720 2nd Avenue South
  Birmingham, AL 35294-1210

Application Deadline May 29, 2015
Instructions to Applicant

After filling out the identifying information in the spaces below, distribute the appropriate number of forms to instructors and employers who are qualified to evaluate you.

FIRST NAME  MIDDLE OR MAIDEN NAME  LAST NAME

Request to Evaluator

Please rate the applicant in comparison with other nursing students with whom you have been acquainted. Your role is to help the scholarship committee differentiate the good students from the great students. Please reserve the top 5% for the truly exceptional student. Students will not see this form.

Top 5% indicates that you would rank the applicant among top-quality nursing students for each category listed. Lower 50% indicates that you would rank the applicant among lower-quality nursing students.

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Please explain why you think this student should receive a scholarship? (Use a separate piece of paper if needed)

How long and in what capacity have you known the applicant? ____________________________________________

Your Name: (Please Print) __________________________ Signature: __________________________

Position and/or title: __________________________ Employer: __________________________

Address: __________________________________________ Phone #: __________________________

If you wish to provide additional information or make additional comments concerning this student, please feel free to do so on the back of this form or on an additional sheet.

Please return this form and any additional comments to the applicant in a sealed envelope with your initials. The student is responsible for submitting it along with the other application materials.
Instructions to Applicant

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