FALL 2017 GRADUATE SCHOLARSHIP APPLICATION

General Eligibility for Scholarships Available to Graduate Students in the School of Nursing

1. Applicant must have submitted an application, be admitted to or enrolled for a minimum of 6 hours per term of coursework within the School of Nursing graduate program curriculum. Enrollment requirements do not have to be met at the time of application, but must be met before scholarship funds are distributed.
2. Applicant must have at least a "B" (3.0 on a 4.0 scale) cumulative grade point average on all undergraduate and graduate work.
3. Leadership, ability and potential as demonstrated through extracurricular activities (on and off campus), job performance or similar experiences will be given consideration in the awarding of these scholarships.
4. Applications and all supporting documents, including essay, resume and recommendation forms must be received by the Office of Student Affairs, UAB School of Nursing, Room 1003, SON Building by 5:00 p.m. on May 31, 2017 to be considered for the graduate scholarship awards. See page 3 for additional information on supporting documents. No applications will be accepted after the deadline; your application package must be complete by then to be considered.
5. 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.

Administration of Scholarships:

1. Selection of scholarship recipients will be made by a School of Nursing Scholarship Committee appointed by the Dean in accordance with the general guidelines and specific criteria for each scholarship.
2. Availability and amount of these scholarships will vary from year to year.
3. Scholarship awards will first be applied toward the recipient's tuition and fees (through the UAB Office of Financial Aid) for terms in which he or she is enrolled as a full-time student and in a regular clinical nursing course. Any scholarship funds in excess of the amount required for tuition and fees will be disbursed to the student for books, supplies, or school-related expenses when the terms of the particular scholarship allow this.

Application Procedure

1. Complete the Graduate Scholarship application.
2. Submit two recommendation forms and/or letters completed by a college faculty member, and/or your current employer. The recommendation should be returned to you to include with your application.
3. Write an essay (no longer than two double-spaced pages) addressing why you would be a good representative of a School of Nursing scholarship focusing on leadership and any high levels of responsibility and academics; reasons for selecting nursing as a career; nursing area of interest/population you would like to work with following graduation; and your involvement in academic and/or extracurricular activities in the School of Nursing, UAB and/or the community. The essay will be evaluated on content, grammar and style.
4. Submit a resume outlining campus/community involvement, leadership, and employment.
5. The student will be responsible for submitting ALL application documents in one packet.

Return completed packet to:
Office of Student Affairs, Room 2M019C, School of Nursing Building
1720 2nd Avenue South, Birmingham, AL 35294-1210
PLEASE SUBMIT SCHOLARSHIP PACKET BY MAY 31, 2016
# UAB School of Nursing Graduate Scholarship Application

**Name**

Last                      First                      Middle

**UAB Email:** _______________________________  **UAB Student Number:** B_________________

Program: _____ AMNP  _____ MSN  _____ DNP  _____ PhD  _____ BSN – DNP  _____ BSN-PhD

**Cell Phone Number:** _______________________________  **Home Phone Number:** _______________________________

**Current Mailing Address**

_________________________________________________________________________________

_________________________________________________________________________________

(City)  (State)  (Zip Code)

**County and State of Legal Residence**

_________________________________________________________________________________

**Other degrees received**

_________________________________________________________________________________

**Nursing GPA (if applicable)** _____________________  **Overall GPA** ___________________

**Term Admitted to the SON** _____________________  **Expected Term of Graduation**

Are you a current member of Sigma Theta Tau Nu Chapter?  _____ Yes  _____ No

**Number of hours enrolled for the fall 2017 semester?**

Area or specialization within Nursing in which you have a strong interest (peds, oncology, etc)

_________________________________________________________________________________

**Are you a native UAB student?** (Have you attended UAB for all of your coursework?)  _____ Yes  _____ No

Are you licensed or do you intend to become licensed and practice nursing in Alabama?  __________

Are you a resident of Alabama?  ____ Yes  ____ No

Are you working?  _____ No  If so,  _____ full-time  _____ part-time?

If so, where are you working?  __________________________ Total # of hours worked per week?  _____

Does your employer offer tuition benefits?  ____ yes  ____ no  If so, how much?  __________________________

Have you completed a 2016-2017 Free Application for Federal Student Aid through the UAB Financial Aid Office?  ____ Yes  ____ No

**Honors, Awards, and Scholarships Received:** Please list all scholarships/grants currently receiving and the amount received per semester.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**UAB and Community Involvement:**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Volunteer Activities and Professional/Club Memberships:**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
School of Nursing Graduate Scholarship Application

SUPPORTING DOCUMENTS

A completed application form, resume, two signed copies of the recommendation form are required. Recommendation forms should be completed by an immediate supervisor or faculty member. Only two recommendation forms/letters will be accepted, and applications will not be considered complete without them. It is the applicant’s responsibility to ensure that his or her completed application and forms are received by the SON Office of Student Affairs, in one packet, by the application deadline.

The essay should be no longer than two double-spaced pages, addressing why you would be a good representative of a School of Nursing scholarship focusing on leadership and any high levels of responsibility and academics; how the scholarship would assist you in your nursing career; reasons for selecting nursing as a career, your nursing area of interest/population that you would like to work with following graduation; and your involvement in academic and/or extracurricular activities in the School of Nursing, UAB and/or the community. The essay will be evaluated on content, grammar and style.

Please do not submit the essay you used when applying to the graduate program.

CERTIFICATION

I hereby certify that the information provided on this scholarship application is true and that I personally composed the essay included herein. I grant permission to release information from my educational and financial records to the scholarship committee and to scholarship donors. I also grant permission to UAB to use comments and any other information from my application for publication purposes.

________________________
(Applicant’s Signature)  ________________________
(Date)
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. The student is responsible for submitting it along with the other application materials.**
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