



Accelerated Master's in Nursing Pathway (AMNP) SCHOLARSHIP APPLICATION

For Students Accepted to the AMNP Program Summer 2011 and Spring 2012

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

- 1) Applicant must be a full-time student in the UAB School of Nursing to be eligible for scholarships. **Full-time status requires a minimum of 9 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) **Applications and all supporting documents including essay, letter of recommendation forms, and recommendation letters must be received by the Office of Student Affairs, UAB School of Nursing, Room 214, School of Nursing Building by 5:00 p.m. on October 14, 2011, to be considered. See page 3 for additional information on supporting documents. No applications or supporting documents will be accepted after this deadline; your application package must be complete by then to be considered.**
- 3) 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.
- 4) Scholarship applicants will be notified of the Scholarship Committee's decision in December.

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 be first applied toward the recipient's tuition and fees for terms in which he or she is enrolled in the School of Nursing.

Application Procedure

- 1) Complete the scholarship application.
- 2) Submit two recommendation packets (recommendation form and letter) completed by a previous college faculty member and/or your current employer. This packet should be returned to you in a sealed envelope to include with your application.
- 3) Write an essay (no longer than two double-spaced pages) addressing how the scholarship would assist you in your nursing career, reasons for selecting nursing as a career, your plans for the future, what you plan to do with your degree, 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) Include a copy of your current Program of Study.
- 5) Submit a resume outlining community involvement, leadership, and employment.
- 6) The student will be responsible for submitting all application documents in one packet.

Submit Completed Packets to:

Office of Student Affairs, NB 214, School of Nursing Building
1530 3rd Avenue South, Birmingham, AL 35294-1210
PLEASE SUBMIT SCHOLARSHIP PACKET BY October 14, 2011

School of Nursing AMNP Scholarship Application

Name _____
Last First Middle

Preferred Name _____ Email: _____

UAB Student Number: _____ Home Phone Number: _____

GPA: _____ Cell Phone Number: _____

Current Mailing Address _____

(City) (State) (Zip Code)

County and State of Legal Residence _____

Other degrees received and where _____

Are you a native UAB student? (*have you attended UAB for all of your coursework?*) yes No

Will you be a full-time student for the 2011-2012 academic year? Yes No

Are you working full-time or part-time? (please circle one if applicable).

If so, where are you working? _____ Total # of hrs. worked per week _____

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

Do you intend to become licensed and practice nursing in the State of Alabama? _____

Are you a resident of Alabama? Yes No

Have you completed a 2011-2012 Free Application for Federal Student Aid through the UAB Financial Aid Office? Yes No

Honors, Awards, and Scholarships Received:
(UAB and Community involvement):

Volunteer Activities and Club Memberships:

Additional Information (include any previous work experiences, nursing or not, or activities you would like for us to know about.)



School of Nursing GRADUATE Scholarship Application

SUPPORTING DOCUMENTS

A completed application form, essay, two signed copies of the Letter of Recommendation form, and two reference letters are required. Please see Letter of Recommendation form for instructions for reference letters (immediate supervisor or former faculty member preferred). Only two reference letters will be accepted, and applications will not be considered complete without them. It is the applicant's responsibility to ensure that all application documents 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 page and should address how the scholarship would assist you in your nursing career, reasons for selecting nursing as a career, your plans for the future, what you plan to do with your degree, 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.

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 grant permission to UAB to use comments and any other information from my application for publication purposes.

(Applicant's Signature)

(Date)



**Academic Scholarship Application
Letter of Recommendation #1**

Applicant Last Name _____ **First Name** _____ **MI** _____

Your letter of recommendation will help us to gain a better understanding of the student’s interests and performance. The student listed above is requesting your recommendation for an academic scholarship for the 2010-2011 school year.

Instructions

On a separate piece of letterhead paper, please comment on the following, using examples when possible:

1. The applicant’s character
2. The applicant’s academic performance
3. The applicant’s potential for success in her/his career in nursing

Please attach this cover sheet to your letter and return it to the applicant in a sealed envelope with your initials. S/he will submit it along with the other application materials.

Permission to Publicize

If selected to receive the scholarship, the UAB School of Nursing may use information provided by the student and his/her references to publicize the award. We publish only positive comments, but if you do not wish for quotes to be used from your letter, please check the box below.

I do not grant the School of Nursing permission to use quotes from my reference.

Your Contact Information (please print)

Your Last Name: _____ First: _____

Title: _____

Address: _____

How long have you known the applicant? _____

How do you know the applicant? _____

Signature: _____ Date: _____

Please return this form and recommendation letter to the student.



**Academic Scholarship Application
Letter of Recommendation #2**

Applicant Last Name _____ **First Name** _____ **MI** _____

Your letter of recommendation will help us to gain a better understanding of the student’s interests and performance. The student listed above is requesting your recommendation for an academic scholarship for the 2010-2011 school year.

Instructions

On a separate piece of letterhead paper, please comment on the following, using examples when possible:

1. The applicant’s character
2. The applicant’s academic performance
3. The applicant’s potential for success in her/his career in nursing

Please attach this cover sheet to your letter and return it to the applicant in a sealed envelope with your initials. S/he will submit it along with the other application materials.

Permission to Publicize

If selected to receive the scholarship, the UAB School of Nursing may use information provided by the student and his/her references to publicize the award. We publish only positive comments, but if you do not wish for quotes to be used from your letter, please check the box below.

I do not grant the School of Nursing permission to use quotes from my reference.

Your Contact Information (please print)

Your Last Name: _____ First: _____

Title: _____

Address: _____

How long have you known the applicant? _____

How do you know the applicant? _____

Signature: _____ Date: _____

Please return this form and recommendation letter to the student.