Fall 2019 Application
for the
Marie L. O’Koren Endowed Scholarship
University of Alabama School of Nursing Alumni Chapter of the
UAB National Alumni Society
and the
Mable E. Lamb Endowed 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. Applicants can be part-time or full-time students in good standing.

2. Applicants should demonstrate solid academic promise and have earned a 3.0 overall GPA prior to application for the scholarship. Those with less than a 3.0 are ineligible to apply for this scholarship.

3. 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.

4. 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, maximum of 2 pages, 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 packets (recommendation form and/or letter) completed by college faculty members and/or a professional/employment associate or employer. This packet should be returned to you 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 2019 semester.

Submission Deadline: June 28, 2019

UAB School of Nursing Alumni Chapter
c/o Stephanie Hamberger
UAB School of Nursing, Room 1003
1720 2nd Avenue South
Birmingham, Alabama, 35294-1210
Application

Marie L. O’Koren and Mable E. Lamb Endowed Scholarships

Name__________________________________________________________ Student ID #: B________

Mailing Address__________________________________________________________________________________________

Current Phone_________________________ UAB Email______________________________________________________________

Program: BSN____ RN Mobility Program ______ MSN ______ Other ______

How many hours of course work do you plan to take fall 2019 semester? __________________________

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

Term Admitted to the SON _________________ Expected Term of Graduation________________________

Are you working full-time or part-time? ________________________________

If so, where are you working? _________________________ Total hrs worked per week? _____

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

Honors, Awards, and Scholarships Received ________________________________________________

______________________________________________________________________________________________

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

______________________________________________________________________________________________

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, Room 1003
 1720 2nd Avenue South
 Birmingham, AL 35294-1210

Application Deadline June 28, 2019
**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.

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<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE OR MAIDEN NAME</th>
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**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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