FALL 2016 UNDERGRADUATE SCHOLARSHIP APPLICATION

General Eligibility Requirements for Scholarships:

1. Applicant must be admitted to or enrolled as a full-time student in the UAB School of Nursing. **Full-time status requires a minimum of 12 hours per term of coursework within the School of Nursing undergraduate 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 demonstrated both solid academic promise and the potential for work as a Registered Nurse that will reflect favorably upon himself or herself and UAB School of Nursing. (The required GPA for UAB nursing scholarships ranges from 2.8 to 3.5, with most scholarships requiring a 3.0 or above.)

3. Leadership ability and potential as demonstrated through extracurricular activities, job-related performance, or similar experiences may be considered in awarding 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 Tuesday, May 31, 2016 to be considered for the undergraduate 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 Undergraduate Scholarship application.

2. Submit two recommendation forms and/or letters completed by a college faculty member and/or your current employer. The forms 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, NB 1003, School of Nursing Building
1720 2nd Avenue South, Birmingham, AL 35294-1210

PLEASE SUBMIT SCHOLARSHIP PACKET BY MAY 31, 2016
UAB School of Nursing Undergraduate Scholarship Application

Name

Last                                                         First                                             Middle

Preferred Name__________________________________________  UAB Email: _________________________________

UAB Student Number: B____________________                Home Phone Number: ____________________________

Cell Phone Number: __________________________

Current Mailing Address

_______________________________________________________________________________

_______________________________________________________________________________

(City)                             (State)                             (Zip Code)

County and State of Legal Residence

Program: ____ BSN   ____ RN-Mobility

Are you in the Honors Program?   ___Yes___ No

Other degrees received

Nursing GPA (if applicable) ____________ Overall GPA ________________

Term Admitted to the SON ______________ Expected Term of Graduation ________________

Are you a member of Sigma Theta Tau Nu Chapter (STTI)? _______ yes _______ No

Will you be a full-time student (at least 12 hours) for the 2016-2017 academic year? ___ Yes ___ No

Area or specialization within Nursing in which you have a strong interest ________________________

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

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

Are you a resident of Alabama? ___Yes___ No

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

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,

(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 UNDERGRADUATE Scholarship Application

SUPPORTING DOCUMENTS

A completed application form, resume, and two signed copies of the Letter of Recommendation form are required. Recommendation forms should be completed by your immediate supervisor and a faculty member or two faculty members (preferred). 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, resume, 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 undergraduate 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 in a sealed envelope with your initials. The student is responsible for submitting it along with the other application materials.
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