

**VDH-OHE-MARY MARSHALL NURSING SCHOLARSHIP PROGRAM
2019 APPLICATION-REGISTERED NURSES**

APPLICATION CHECKLIST AND REQUIREMENTS

This checklist must be reviewed thoroughly and submitted as part of a completed application. Incomplete applications will not be considered for award and failure to comply with any of these application requirements will result in the applicant being ineligible for award.

Mary Marshall Nursing scholarships are for students enrolled in undergraduate nursing programs. Undergraduate nursing programs are defined as those leading to a diploma, an associate degree, or baccalaureate degree in nursing. An Advisory Committee appointed by the State Board of Health makes all scholarship awards. The Office of Health Equity (OHE) of the State Health Department serves as the staff element to the Advisory Committee and plays no role in the determination of scholarship recipients. The guidelines for determining scholarship recipients are established by the Advisory Committee and are based on scholastic attainment, financial need, character, and adaptability to the nursing profession. In order to be considered for a scholarship, the following are required:

- Applicant must be a United States Citizen, National, hold an immigration visa or classified as a political refugee as verified by a social security number included in the application. **Persons with a temporary or student visa are not eligible.**
- Applicant must be a resident of the State of Virginia for at least one year. Verification provided must prove that the applicant has lived in Virginia for at least one year (ex. Renewal date on driver's license, previous year on voter registration card, motor vehicle registration/employment records/deed of property/ sources of financial support, etc. if they reflect multiple years). Please provide one of the following appropriate forms of verification: 1.) State Income Tax record or statement 2.) Driver's license with renewal information 3.) Voter registration card 4.) Motor vehicle registration 5.) Employment record 6.) Ownership of real property 7.) Financial support records.
- Applicant must attach a one page Narrative Summary. **“Section 7-Narrative Summary” must be printed at the top of the page. The applicant should sign and date the bottom of the page. (The Narrative Summary will not be accepted if not submitted as stated above.) In one page or less, the summary must briefly explain the significance of the Mary Marshall Nursing Scholarship in pursuing his/her educational goals, any school/community activities, and any skill-set that is pertinent to the nursing profession. It is important that the applicant consider including plans for professional practice in Virginia following graduation. If the Narrative Summary exceeds the one page limit, it will not be accepted.**
- Applicant must be accepted to or enrolled in a school of nursing in the State of Virginia, approved by the State Board of Nursing. The applicant must have the Dean/Director/Chair of the Applicant's School of Nursing complete **Section 8** of the application, provide an **original signature** and have it returned to him/her to be submitted with the application. **Section 8 will not be accepted if it is not submitted with the application.**
- Applicant **must attach an appropriate grade transcript** from all schools attended. **The transcript will not be accepted if it is not submitted with the application.** The applicant must demonstrate a cumulative grade point average (GPA) of at least 2.5 if currently enrolled in and attending a nursing program.
- Applicant must demonstrate financial need verified by a Financial Aid Officer or Authorized Personnel. The applicant must file one or more of the following: 1) Financial Aid Form (FAF) of the College Scholarship Service 2) the Family Financial Statement (FFS) of the American College Testing or 3) the Free Application for Federal Student Aid (FAFSA) with the institution they are attending or will attend to determine financial need. The recommendation of the Financial Aid Officer or Authorized Personnel must be based on one of the three referenced need analysis documents and must include a specific dollar amount determined to be the applicant's financial need. The Financial Aid Officer or Authorized Personnel must provide **original signatures** in **Section 9** of the application
- Applications must be typed and have all appropriate documents attached.** Applicants are advised to keep a copy for their records. Application open period is **May 1 to June 30** for the fall academic year. Applications are not accepted prior to May 1st, and must be **postmarked by June 30th**. Please mail completed applications to:

*Virginia Department of Health
Office of Health Equity
ATTN: Workforce Incentive Programs
109 Governor St., Suite 714 West Richmond, Virginia 23219*

If you have any questions, please contact The Office of Health Equity at 804-864-7435.

SECTION 1 – PERSONAL DATA

Date of Application: _____

Legal Name:

Last	First	MI	Maiden
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Preferred Name: _____

Address:

Street Address

City	State	Zip
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Day Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Social Security Number: _____

Sex: Please Select One

Date of Birth and Age: _____ Birth: _____ Place of

Race/Ethnicity: Please Select One Other: _____

How long have you been a resident of Virginia? _____

Do you have an active military service obligation? Please Select One

Congressional District: _____ (Please check with your voter registration office or visit <http://nationalatlas.gov/printable/congress.html>)

Are you a high school graduate? Please Select One Do you possess a GED? Please Select One

Are you a Certified Nurse's Aide (CNA)? Please Select One

Have you ever received a Mary Marshall Nursing Scholarship? Please Select One

If yes, in what year(s)? _____

If you had a different name when you applied previously, please provide it here: _____

What school of nursing were you attending during that time? _____

Are you currently a registered nurse (RN)? Please Select One

Are you currently a licensed practical nurse (LPN)? Please Select One

Do you speak another language? Please Select One If yes, please list: _____

SECTION 3 – PRIOR EDUCATION

Please check the program types that you have successfully obtained.

CNA LPN AAS, RN BSN other _____

Current License: _____

Current License Number: _____

	School	Diploma/Degree	City and State	Dates of Attendance	Reason for Leaving
1.				to	
2.				to	
3.				to	

SECTION 4 – WORK EXPERIENCE

Check here if you have never been employed, and skip to Section 5

	Position	Name of Employer	City and State	Dates of Employment	Reason for Leaving
1.				to	
2.				to	
3.				to	

SECTION 5 – OTHER HEALTH-RELATED AND/OR CIVIC EXPERIENCES

Check here if you have never been involved in any health related and/or Civic activities, and skip to Section 6

	Position	Organization	City and State	Dates of Work
1.				to
2.				to
3.				to

SECTION 6 – OTHER FINANCIAL ASSISTANCE

Applicants should request a recommendation from authorized personnel at your **current** School of Nursing or the School of Nursing, they plan to attend. Examples of personnel authorized to write your recommendation is not limited to but includes: Dean/Director/Chair, Academic Advisor, or Teacher/Professor. Applicants **must** label the top of the attached sheet “**Section 6-School of Nursing Recommendation**”, **Authorized Personnel**: Provide a recommendation on School of Nursing letter head that is unique to this applicant in one page or less. The recommendation that you write will be returned to him/her to be submitted with the application. Please address the following: scholastic achievements, character, adaptability, and/ or other attributes. The recommendation **must** be on the School of Nursing’s letter head and **must** contain the applicants name, current date, your contact information and a signature. **Recommendations will not be accepted if not submitted as stated**

SECTION 7 – NARRATIVE SUMMARY (Required on an attached sheet)

Briefly explain, *in one page or less*, the significance of the Mary Marshall Nursing Scholarship in pursuing your educational goals. Also, include school and/or community activities as well as any skill-set that is pertinent to your profession. It is important that you consider including plans for professional practice in Virginia following graduation. Applicant **must** label the top of the attached sheet “**Section 7-Narrative Summary**”, print name, provide an original signature, and the current date. **If the Narrative Summary exceeds the one page limit, it will not be accepted.**

SECTION 8 – SCHOOL OF NURSING RECOMMENDATION

To be completed by the Dean/Director of the School of Nursing

1. Name of applicant: _____
2. Student Identification or Social Security Number: _____
3. This applicant is: Please Select One
4. Start date: Month Year
5. During this award period, the applicant will be a: Please Select One
6. *If student is currently enrolled in your Nursing Program, please provide a cumulative GPA of current nursing courses. Applicants must have at least a 2.5 cumulative GPA in Required Nursing Courses, electives should not be considered in the Cumulative (GPA):* List GPA

Source of computing GPA: Please Select One If other, please specify:
7. Please provide a brief recommendation (in 1,600 characters or less) based on the student’s scholastic attainment, character, need, adaptability, and/ or other attributes.

Please provide an original signature from authorized personnel

I recommend _____ for a Mary Marshall Nursing Scholarship Award.
Full Name of Applicant

Name of Authorized Person Completing This Section

Title

Signature

Date

Full Name of School of Nursing

Phone Number

E-mail Address

SECTION 9 – FINANCIAL NEED RECOMMENDATION

To be completed and signed by the Financial Aid Officer or Authorized Person

The Mary Marshall Nursing Scholarship is a need-based aid program. The need analysis below should be based on charges and eligibility for the 2019/2020 Academic Year i.e. Fall 2019, Spring 2020, and if applicable Summer 2020. Financial Aid Officers/Authorized Person should use their recourses to provide the best *estimate* for all figures in the need analysis calculation.

Federal Financial Aid Institutions should require the applicant to complete the 2019/2020 FAFSA prior to completing this section and complete only the Questions in #3.

Non-Federal Financial Aid Institutions should have the applicant complete any documentation needed to provide you with the figures to complete the needs analysis and complete only the Questions in #4.

Institutions should complete QUESTION 3 or 4, DO NOT COMPLETE BOTH.

1. Applicant Name: _____
2. Student Identification Number or Social Security Number _____
3. **Federal Financial Aid Institutions need analysis:**

**To calculate Remaining Need:*

Unmet Need (a) minus (-) (Total Federal Grants (b) and Total Scholarships, and Discounts(c)) equals
(=) Remaining need

Estimated 2019/2020 Cost of Attendance

Expected Family Contribution (EFC)

_____ *(minus)*

Estimated 2019/2020 Unmet Need (a)

_____ *(equals)*

Estimated Total 2019/2020 Federal Grants (b)

Estimated Total 2019/2020 Scholarships/Tuition Discounts (c)

*Estimated Remaining Need**

4. **NON-Federal Financial Aid Institutions need analysis:**

Cost of Program for one Year

Tuition Discounts/Other Assistance (*do not include any type of loan*)

Students Responsibility for Cost of Program

Award for undergraduates is \$2,000 annually. The Mary Marshall Nursing Scholarship Committee will not make an award that exceeds the “Remaining Need” in Question 3 or “Student Responsibility for Cost of Program” in Question 4.

Please provide an original signature from Financial Aid office/authorized person.

Name of Financial Aid Officer/Authorized Person (Please Print)

Phone Number

Signature of Financial Aid Officer/Authorized Person

Date

E-Mail Address:

SECTION 10 – CERTIFICATION STATEMENT

I, the undersigned, hereby certify that, all of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. If asked by the Nursing Scholarship Advisory Committee, I agree to provide additional documentation verifying any information on this application. I have read and accept the conditions of the Mary Marshall Nursing Scholarship.

Signature of Applicant

Date

Full Name (Please Print)

Any persons dissatisfied with the award or denial of an application to become a scholarship participant must notify staff of the Nursing Scholarship Advisory Committee within 14 days of receiving notification of the award or denial of an application.

For marketing purposes, how did you learn about this scholarship opportunity?

Thank you for your interest in this program!

Staff Record Only: Application complete upon receipt Additional information requested