



## 2025 NURSING SCHOLARSHIP APPLICATION

### INSTRUCTIONS:

Please complete all sections of application and submit via email to:

[NEMNLCSCHOLARSHIPS@gmail.com](mailto:NEMNLCSCHOLARSHIPS@gmail.com) Attention: **NEMNLC SCHOLARSHIP COMMITTEE**

**DEADLINE: July 12, 2025 @ 11:59pm**

***\*Eligible applicants are encouraged to apply, preference maybe given to first-time awardees.***

### SCHOLARSHIP CRITERIA

- ☐ Must be a resident of the New England Region (MA, CT, ME, RI, NH, VT)
- ☐ Applicant must be *enrolled* in an accredited nursing program (LPN/ LVN, RN, BSN, RN-BSN, MSN or doctoral program) and completed at least one semester before July 12, 2025.
- ☐ Enrollment verification letter from College / University registrar
- ☐ Cumulative GPA  $\geq 3.0$
- ☐ Official academic transcript(s) from accredited nursing program sent via Parchment <https://www.parchment.com/order>
- ☐ Essay must be typed, not handwritten (Times New Roman, 12 font, double-spaced)
- ☐ Two *signed and dated* letters of recommendations on letterhead: *\*required is at least one Academic (nursing faculty) recommendation and second can be (Employer, Professional Nursing Organization, etc.)*
- ☐ Current resume /curriculum vitae
- ☐ Selected awardees will be required to submit a “one minute or less” video on “*Being a scholarship recipient and personal goals to work in underserved communities to promote health equity.*”
- ☐ Awardees must be present to receive award on Saturday, October 25, 2025 at the Marriott Downtown, Springfield, Massachusetts.

### SCHOLARSHIP APPLICATION ESSAY REQUIRED

Please provide a 500 word essay about your personal and professional leadership experiences and future goals. Describe how you intend to work in underserved communities to promote health equity. (*Please attach separate sheet for essay*)

# SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

GPA \_\_\_\_\_ Degree to be obtained: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

## RECENT EMPLOYMENT EXPERIENCE

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Full-Time ☐ Part-Time ☐ Dates of service: \_\_\_\_\_ to \_\_\_\_\_

Summary of Responsibilities: \_\_\_\_\_

\_\_\_\_\_

## LIST PROFESSIONAL / COMMUNITY / STUDENT ACTIVITIES

*Please provide a detailed description of the activity and note any office held*

Name of Organization: \_\_\_\_\_

Description of activity: \_\_\_\_\_

Type of Involvement: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Description of activity: \_\_\_\_\_

Type of Involvement: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Description of activity: \_\_\_\_\_

Type of Involvement: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

☐ **Scholarship awardee attestation statement form required for application to be considered complete.**

<https://forms.gle/skDdUDtYPyhv1qV66>

Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*\*I hereby affirm that all the information provided is true. Any false statements will forfeit the award.*