



National Association of Hispanic Nurses Philadelphia Chapter

Hispanic Nurse Scholarship Award Application



***The Philadelphia Chapter of the National Association of
Hispanic Nurses***

Hispanic Nurse Scholarship Award Application

Hispanic Americans represent 14.1% of the U.S. population. By 2050, it has been reported the Hispanic population will more than double. Unfortunately, Hispanics healthcare providers do not mirror this escalating number. Hispanic nurses, to date, only represent 1.7% of the nursing work force. To be both a bilingual and bicultural nurse is an essential necessity in areas such as Philadelphia where a growing number of Hispanic patients either do not speak or cannot communicate comfortably in English.

The Philadelphia Chapter of the National Association of Hispanic Nurses considers education a priority to empower and promote Hispanic youth pursuing the nursing profession. As part of this effort the Philadelphia Chapter Hispanic Nurse Scholarship Awards (HNSA) was established in 2002. The Philadelphia Chapter of NAHN is a 501-3c non-profit organization working to help bridge the gap and embrace Hispanic youth in our community by providing educational and mentorship programs.

TERMS: The Philadelphia Chapter will award scholarships to qualified Hispanic students accepted into a National League of Nursing-accredited program leading to Registered Nurse licensure in Pennsylvania, South New Jersey, or Delaware. All awards are endorsed to the respective school of nursing and are presented to the recipients at the annual Hispanic Nurse Scholarship Awards Banquet in September.

ELIGIBILITY REQUIREMENTS

Applicant must meet the following criteria to be considered for a scholarship:

Be a US citizen or legal resident.

Be of Hispanic/Latino descent.

Reside in the Tri-state area-PA, South NJ, DE

Have a GPA of 2.5 or greater

Be accepted to an accredited nursing program that leads to diploma, associate or bachelor's degree

Letters of recommendation

Encouraged to become a NAHN Philadelphia Chapter student member and participate in two or more chapter events

APPLICATION PROCESS:

Applicants must submit the following in order to be considered for a Philadelphia Chapter HNSA scholarship:

- Complete and sign application form
- Provide verification of admission or enrollment from the institution the student is attending or planning to attend (Letter of acceptance or transcript)
- Provide verification of current GPA (Current school transcript)
- Provide two (2) letters of recommendation (i.e., NAHN member, Instructor, Employer, Guidance counselor)
- Provide a 500 word personal essay. (See page 4 for instruction)
- Personal Interview

The completed application and required documents **must be mailed to the Philadelphia Chapter of NAHN PO Box 56509, Philadelphia, PA 19111 by July 1st. Incomplete applications will not be considered for a scholarship.** The Philadelphia Chapter Scholarship Committee may require additional information.

**The Philadelphia Chapter of the National Association of
Hispanic Nurses**

Hispanic Nurse Scholarship Award Application

Please print or type and use black or blue ink only.

Personal Information

Name Last _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Telephone number (____) _____ Cellular phone (____) _____

Email Address _____

Date of Birth ____/____/____

Ethnicity Puerto Rican Mexican Dominican South/Central American _____
 Cuban Other _____

Sex Male Female **Citizenship** US Citizen Legal Resident Other _____

Parent/Guardian name: _____ Phone (____) _____

Are you a Philadelphia NAHN student member? Yes No

ACADEMIC DATA

High School City/State Dates Attended
_____/____/____ From: _____ To: _____
_____/____/____ From: _____ To: _____
GPA/Scale _____

Diploma/College/University City/State Dates Attended
_____/____/____ From: _____ To: _____
_____/____/____ From: _____ To: _____
Major _____ GPA/Scale _____

Current standing (as of the date of application) High School Senior
Nursing Program: Freshman Sophomore Junior Senior Other _____

Are you involved in school or community activities? Yes No

<u>Activity</u>	<u>Position</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The Philadelphia Chapter of the National Association of
Hispanic Nurses**

Hispanic Nurse Scholarship Award Application

Have you received any academic awards or other certificates of achievements? Yes No

Award/Certificate/Certifications/Degrees

Year

_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT/VOLUNTEER DATA

Employer: _____ Address _____

Job Title: _____ Supervisor's Name: _____

Telephone: (____) _____ Date Employed (mo/yr) _____ Hours per week _____

May we contact employer Yes No Major duties _____

Reason for leaving: _____

Employer: _____ Address _____

Job Title: _____ Supervisor's Name: _____

Telephone: (____) _____ Date Employed (mo/yr) _____ Hours per week _____

May we contact employer Yes No Major duties _____

Reason for leaving: _____

List hobbies and interests _____

FINANCIAL DATA

Annual family income _____ No. in family _____ No of dependents in college _____

College Expenses for year application: Tuition \$ _____ Room/Board \$ _____

Other \$ _____ Money available for college expenses: Parents \$ _____ Work \$ _____

Saving \$ _____ Other \$ _____ Have you applied for student financial aid? Yes No

Please list amount of financial aid already secured \$ _____

PERSONAL ESSAY

Please attach a typed 500 word essay describing, "How have your personal, educational and/or community service experiences influenced you to chose nursing as your career?"

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my education or personal information, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application or dismissal if I am selected,

Signature of Applicant

Date