



National Association of Hispanic Nurses Philadelphia Chapter  
Hispanic Nurse Scholarship Award Application

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*Hispanic Americans represent 16% 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 5% of the nursing work force. To be both a bilingual and bicultural nurse is an essential necessity to provide culturally and linguistically appropriate services 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 Nursing-accredited program leading to Registered Nurse licensure in Pennsylvania and South New Jersey. All awards are endorsed to the respective school of nursing and presented to the recipients at the annual Hispanic Nurse Scholarship Awards Gala.

#### **ELIGIBILITY REQUIREMENTS**

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

1. Be a US citizen or legal resident.
2. Be of Hispanic/Latino descent.
3. Reside in the PA or South NJ region.
4. Have a GPA of 2.5 or greater.
5. Be accepted to an accredited nursing program leading to their first as a Registered Nurse degree (Diploma, Associate or Bachelor's).
6. Provide two (2) Letters of recommendation.
7. Be a (or registered) as NAHN Philadelphia Chapter student member.  
<https://www.nahnnet.org>
8. Agree to participate in two or more chapter events per year.

#### **APPLICATION PROCESS:**

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



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1. Complete and sign application form
2. Provide verification of enrollment/admission into an accredited nursing program (Letter of acceptance or transcript)
3. Provide verification of current GPA (Current school transcript)
4. Provide two (2) letters of recommendation ( i.e., NAHN member, Instructor, Employer, Guidance counselor, Teacher)
5. Provide a 500 word personal essay. (See page 5 for instruction)
6. Personal Interview

The completed application and required documents must be mailed to the Philadelphia Chapter of NAHN PO Box 49179, Philadelphia, PA 19141 by **September 8, 2016**. Incomplete applications will not be considered for a scholarship. The Philadelphia Chapter Scholarship Committee may require additional information.



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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  Cuban

South/Central American \_\_\_\_\_  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**

<u>High School</u>	<u>City/State</u>	<u>Dates Attended</u>
_____	____/____	From: _____ To: _____
_____	____/____	From: _____ To: _____

GPA/Scale \_\_\_\_\_

<u>Diploma/College/University</u>	<u>City/State</u>	<u>Dates Attended</u>
_____	____/____	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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Award/Certificate/Certifications/Degrees</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____



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**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 choose 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

*Revised 07/19/2016 RRD/VC*