



## **AORN Chapter #1403 of Rockford**

One \$500.00 scholarship is available to either a pre-licensed nursing student or an RN completing a B.S.N. completion program, a graduate or doctorate program

The scholarship is awarded primarily on the basis of **academic merit and demonstration of potential for excellence in professional nursing practice**. A specific minimum GPA has been established and is as follows: **minimum of 3.0 GPA out of 4.0 scale or 4.0 GPA out of 5.0 scale**. Utilization of the award money is left to the discretion of the student (tuition, books, travel, expenses, child care, etc.)

### **ELIGIBILITY CRITERIA**

#### **PRELICENSURE SCHOLARSHIP CRITERIA**

The applicant must:

1. Be enrolled in at least the 2<sup>nd</sup> semester of clinical nursing courses in a basic program, and
2. Obtain one letter of recommendation (excluding relatives). The reference should be from someone who can speak to the clinical competence of the applicant.

#### **DEGREE COMPLETION SCHOLARSHIP CRITERIA**

The applicant must:

1. Be an RN currently enrolled in a baccalaureate or graduate nursing or doctorate education program, and
2. Obtain one letter of recommendation (excluding relatives). The reference should be from an employment supervisor or faculty member who can speak to the clinical competence of the applicant.

#### **ALL APPLICANTS MUST**

Complete the application form and submit the application and letter of recommendation to the selection committee on or before **May 20<sup>th</sup>, 2017**. **Address for submission is on the application form.**



# AORN Chapter #1403 Rockford, Illinois

## NURSING SCHOLARSHIP APPLICATION ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES (AORN) CHAPTER 1403

Application for: **PLEASE CHECK ONE**

- Prelicensure
- BSN Completion (currently have RN licensure)
- MSN
- Doctorate

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Present Address (if different from above) \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

### EDUCATION

Institution now attending \_\_\_\_\_  
 Institution address \_\_\_\_\_  
 Expected date of completion \_\_\_\_\_  
 Are you a Registered Professional Nurse? \_\_\_\_\_

**OTHER EDUCATIONAL INSTITUTIONS ATTENDED:** List colleges, vocational, back to high school, etc.

SCHOOL	ADDRESS	DATES ATTENDED	DEGREE

### EMPLOYMENT HISTORY

EMPLOYER	POSITIONS/DUTIES	DATES	HOURS PER WEEK

### HONORS/AWARDS

List special honors/awards received:

HONOR _____	DATE _____
HONOR _____	DATE _____
HONOR _____	DATE _____

### PROFESSIONAL CERTIFICATIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NURSING SCHOLARSHIP APPLICATION  
ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES (AORN)  
CHAPTER 1403**

**COMMUNITY VOLUNTEERISM**

Describe any activities in which you have volunteered your time and talents:

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**PROFESSIONAL/SCHOOL ACTIVITIES**

Describe any activities in which you participate to advance the profession of nursing:

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**PERSONAL STATEMENT**

Identify your personal strengths and professional goals and how they will contribute to the nursing profession. Please expound upon your interest in perioperative nursing. You may use a separate sheet of paper and attach to application.

(100 words or less)

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Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF STUDENT STATUS (MUST BE COMPLETED)**

I verify this student is currently enrolled in a PRELICENSURE/B.S.N./MSN/DOCTORATE (underline appropriate program) nursing program at: \_\_\_\_\_ and is in good standing.

Verification of cumulative GPA \_\_\_\_\_ (At least 3.0 GPA out of 4.0 scale or 4.0 GPA out of 5.0 scale)  
0000(circle one)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Send complete application and one reference to: james.miller11@comcast.net

Or:  
AORN Chapter 1403 Scholarship Committee  
c/o Carol Miller MSN/Ed, RN, CNOR  
6024 Bradley Rd  
Byron, IL 61010

- Do not send more than 1 reference – extras will be discarded. Only complete applications will be considered.
- Deadline for receipt of application is May 20, 2017.

**AORN CHAPTER 1403 SCHOLARSHIP  
LETTER OF RECOMMENDATION REQUIREMENTS**  
(To be sent by the applicant to the individual writing the letter of recommendation)

\_\_\_\_\_ has applied for a nursing scholarship through Chapter 1403 of the Association of PeriOperative Registered Nurses (AORN). We ask that you verify and complete this form at your earliest convenience and return it to the address indicated below. Thank you for taking the time needed to complete this reference form.

Sincerely,  
**The AORN Chapter 1403 Scholarship Committee**

**James.miller11@comcast.net**

**or: AORN Chapter 1403 Scholarship Committee  
c/o Carol Miller MSN/Ed, RN, CNOR  
6024 Bradley Rd.  
Byron, IL 61010**

\_\_\_\_\_  
I authorize the above named person to furnish to the AORN Chapter 1403 Scholarship Committee with the information requested on this form.

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

Name of Applicant \_\_\_\_\_  
Other Names Used \_\_\_\_\_

**Requirements:**

1. A letter of recommendation is required to be written by an employment supervisor or faculty member who can speak to the clinical competence of the applicant.
2. The letter of recommendation must briefly include each of the following elements:
  - Potential for leadership
  - Clinical performance
  - Responsibility and Accountability
  - Adaptability
  - Motivation and Initiative
  - Attitude and Behavior
3. The individual writing the letter of recommendation must describe the applicant's potential for contribution to the profession of nursing.
4. The letter must include a signature and title of the person writing it, the relationship to the applicant and the date the letter was written.
5. This document must be sent back to the scholarship committee with the letter of recommendation.
6. The letter of recommendation with the requirement document can be sent individually or with the application to the scholarship committee using address at the top of the document.

**Deadline for receipt of application is May 20<sup>th</sup>, 2017.**