

## 2012 NIGHTINGALE SCHOLARSHIPS

### **Home and Hospice Nursing Scholarship Criteria and Guidelines** ***Sponsored by the NM Association for Home and Hospice Care***

#### **Eligibility for Home and Hospice Scholarship:**

1. Nurses who are advancing their formal education and home health and hospice aides who are pursuing nursing are eligible to apply.
2. The applicant must have worked as a nurse or aide in home or hospice care for a minimum of one (1) year.
3. The applicant 1) has a current nursing license, or 2) is deemed competent as a home health aide, or 3) is a hospice aide.

#### **Application Requirement**

In addition to filling out and submitting a scholarship application, all applicants must:

1. Successfully complete the first semester in a nursing program: practical nursing, ADN, BSN, MSN, advanced practice or doctoral program in nursing. The program/school must be a New Mexico Board of Nursing-approved program and/or a program accredited by NLNAC or CCNE. For a complete list of approved NM schools, please visit the New Mexico Board of Nursing website at <http://www.bon.state.nm.us>. If the school is outside New Mexico, plans to practice in New Mexico must be stated in the applicant's essay.
2. Submit proof of academic ability.
  - a. Maintain at least an overall grade point average (GPA) of 3.0 on a 4.0 scale.
  - b. Submit one copy of current grade transcript with the application.
3. Present evidence of leadership and character references.
  - a. Include two letters of recommendation. One letter must be from current nursing faculty and/or academic advisors. (See *Tips for Writing a Letter of Recommendation* on page 4) The other letter must be from your home/hospice employer.
  - b. A personal statement in brief essay form stating why the applicant chose the nursing profession, the applicant's personal and professional goals and why the applicant needs the scholarship. Include in your essay your future plans for working in home or hospice care.
4. Scholarships are limited to residents of New Mexico.

#### **General Administrative Guidelines**

1. Completed application for scholarship award must be postmarked and returned to the New Mexico Scholarship Committee no later than **February 1, 2012**  
*Applications can be mailed/dropped off to:*  
NMCNE/Nightingale Scholarships, 3200 Carlisle Blvd. NE, Suite 205, Albuquerque, NM 87110  
*Fax to:* 505-889-4551 *Scan and email to:* [admin@nmnursingexcellence.org](mailto:admin@nmnursingexcellence.org)  
*Questions?* Call 505-889-4518 or email at [admin@nmnursingexcellence.org](mailto:admin@nmnursingexcellence.org)
2. Scholarship monies will be paid directly to the individual via a check sent to the Director of her/his nursing program or facility. Each recipient will be asked for a written acknowledgement of receipt of the award.
3. Applicants are responsible for meeting all requirements and for submitting all materials by the deadline.
4. Applicants may reapply in subsequent years.

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**Home and Hospice Nursing Scholarship Application**

Please **print or type**.

Date of Application \_\_\_\_\_

(Note: If you plan to fax or scan/send document as .pdf file, be sure printing is dark, as it tends to lighten in conversion.)

Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Present Address \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email address \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_

If married, Spouse's name \_\_\_\_\_

Is Spouse currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, and title of position \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Information about the program you attending:**

Check the Nursing Program in which you are currently enrolled:

Practical Nursing  ADN  BSN  MSN  Advanced Practice  Doctoral Program in Nursing

Nursing School/College \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Director/Dean/Chairperson \_\_\_\_\_

Currently enrolled in what term/level of this program? \_\_\_\_\_

*Please attach a separate typed **essay**, up to 2 pages in length, in which you describe the reason you chose the nursing profession, your personal and professional goals and why you are applying for this scholarship. If the school you attend is outside of New Mexico, please include in your essay your plans for practicing in New Mexico.*

**Include in your essay your plans for working in home or hospice care in New Mexico after graduation.**

**Community/School Activities:**

Please list and describe any community and/or school activities in which you participate. (Attach separate page if additional space is needed.)

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**Financial Information:**

Are you currently employed? Yes\_\_\_ No\_\_\_

If yes, where do you work? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

Are you financially independent from your parents? Yes\_\_\_\_\_ No\_\_\_\_\_

*Do you currently have, or do you plan to apply for, one or more of the following types of financial assistance to defray the cost of your education?*

<u>Source of Assistance</u>	<u>Currently Have</u>	<u>Plan to Apply</u>
Pell (Federal grant)	_____	_____
GSL (Guaranteed Student Loan)	_____	_____
DVR (Division of Vocational Rehab)	_____	_____
EDD (Employment Development Office)	_____	_____
BIA (Bureau of Indian Affairs)	_____	_____
SEOG (Supplemental Educational Opportunity Grant)	_____	_____
SIG (Student Incentive Grant)	_____	_____
NSL (Nursing Student Loan)	_____	_____
Work/Study	_____	_____
Service Organizations (Women's/Men's Clubs, Kiwanis, etc)	_____	_____
IHS (Indian Health Service)	_____	_____
Tribal	_____	_____
Other (Please list) _____	_____	_____

**Dependents:**

Please list age and relationship of children and/or adult dependents living at home:

Age

Relationship

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**To be considered for award you must include the following with your completed application:**

- [ ] Transcript of grades (Preferably an official transcript)    [ ] Two Letters of recommendation
- [ ] Essay    [ ] Signature and date, signifying accuracy of all information.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## **TIPS FOR WRITING A LETTER OF ACADEMIC RECOMMENDATION**

### **NM Center for Nursing Excellence Nightingale Scholarship**

You have been requested to write a letter of recommendation for a nursing student applying for a Home & Hospice / Nightingale Scholarship.

Scholarships are awarded based on:

- Academic achievement (Applicant must have an overall grade point average (GPA) of at least 3.0 on a 4.0 scale)
- An essay written by the applicant on why they have chosen nursing as their area of study
- Character references (2)
- Financial need.

Because the committee makes decisions based on information provided, it is helpful for the committee to have the following information in your letter of recommendation:

- Context that you know the student (i.e. what is your relationship – clinical practice rotation, didactic course, faculty advisor, etc.)
- How long you have known the student.
- Characteristics you can highlight about this student (caring, leadership, commitment to the profession, clinical excellence, etc.)
- What else should we know about this student?