



National Association of Hispanic Nurses (NAHN) Colorado Chapter Scholarship Information

The Colorado Chapter supports Hispanics in the nursing profession, and as such, will award two \$500 scholarships each year to nursing students of Hispanic descent. Students pursuing any one of the following nursing will be considered: LPN License, Associate's Degree, or Bachelor of Science in Nursing. Selection will be based on the following criteria:

- Current enrollment in an accredited nursing program. (The award will be given directly to the recipient's school of choice.)
- Cumulative GPA ≥ 2.5 .
- Resident of, or works in Colorado.
- Active membership status, minimum of one year in BOTH the National and Colorado Chapter of the National Association of Hispanic Nurses (NAHN). (Documentation is required.)
- Only one NAHN scholarship per recipient.

MEMBERSHIP INFORMATION

To become a member of both, visit www.thehispanicnurses.org and complete the Membership Application and Information Form.

Include THREE COPIES of EACH of the following with your completed application:

- Proof of NAHN Membership (If you are unable to obtain membership, please contact NAHN CO.)
- Completed NAHN CO 2010 Scholarship Application Form
- Personal Statement. **Two Pages Only/Double-spaced**. See application form for details.
- One current letter of recommendation from an instructor or employer in the health care field).

**National Association of Hispanic Nurses Colorado Chapter
2011 Scholarship Application Form**

Please type or print neatly (then submit 3 copies). Each question must be answered.

Name: _____ Ethnicity: _____

Bilingual: ___ Yes ___ No

Address: _____

City: _____

Zip: _____

Home Phone: _____

Email: _____

Resident of Colorado: Yes ___ No ___

Member of National and NAHN CO: ___ Yes ___ No

Date of Membership: _____. **Submit a copy of your current NAHN membership card.**

Will you be receiving other nursing scholarships: Yes _____ No _____?

Name of Institution/School of Nursing and address in which you are enrolled:

Cumulative GPA: _____ Average number of hours worked per week while attending classes: _____

Anticipated Degree: ___ LPN ___ ADN ___ BSN

Expected Date of Graduation: ___ / ___

Personal Statement: (typed or neatly written; **Two Pages Only/double-spaced**)

Select one of the suggested topics:

- Background (ethnicity, upbringing, poverty, challenges, etc. (brief))
- Current financial needs or special circumstances (single working parent, losses, disability, ill parent, etc.)
- Professional and career goals (How do your goals relate to those of NAHN and our Mission Statement?)
- How will you be an effective mentor and leader as a Hispanic/Latino Nurse?

Visit www.thehispanicnurses.org to review NAHN's Mission & Goals.

Signature: _____ **Date:** _____

My signature declares that the information I have provided is true and accurate to the best of my knowledge. I understand that any monetary award is to be used ONLY for education-related expenses, such as tuition and fees. I understand that if I do not complete my nursing degree for any reason, including but not limited to dropping out, academic failure, leave of absence (medical/pregnancy), etc., I am responsible for notifying NAHN CO and returning the full \$500 scholarship to NAHN CO. I have read and I have met all of the conditions for eligibility criteria. Any falsifications or misrepresentations will be grounds for disqualification from NAHN CO without refund of dues. I understand that any documents mailed to NAHN CO will not be returned and will become the property of NAHN. Select information provided may be used by NAHN CO for the newsletter, solicitation, public relations, outside publications and/or our website. I understand that recipients are required to fulfill a minimum of 10 hours of community service to NAHN CO and attend a minimum of three meetings during the 12 months after the scholarship is awarded.

Include three Copies of ALL of the following to complete your application:

- Proof of national and NAHN CO Membership
- Completed NAHN CO Scholarship Application Form
- Personal Statement
- One Letter of Recommendation

An incomplete application will not be considered.

**ALL REQUIRED MATERIALS MUST BE POSTMARKED BY
December 1. Selections will be made in January of the upcoming year.**

MAIL ALL DOCUMENTATION IN ONE ENVELOPE TO:

National Association of Hispanic Nurses/Colorado Chapter
Sally Tenorio, President
15501 E. 112th Ave #13A
Commerce City, CO 80022