

**Organization of Nurse Leaders Inc.  
(ONL)  
The Sharon A. Smith Scholarship Application**

**Award Description**

The Organization of Nurse Leaders Inc. supports and promotes the profession of nursing through on-going development of nurse leaders in the states of Massachusetts, Rhode Island, New Hampshire, and Connecticut. The scholarship program benefits members of the Organization of Nurse Leaders and their family members by providing an award to be used toward pursuit of a degree in nursing.

**Eligibility Requirements**

1. Current member of the Organization of Nurse Leaders Inc. (ONL) or an immediate family member of a current ONL member. Immediate family members are spouse, children, siblings, nieces, and nephews.
2. Enrolled in an accredited Nursing Program (BSN, MSN or advanced practice.)

**Amount of Award**

The ONL Scholarship award will be an annual award based on funds available. A scholarship may be awarded to one or more qualified applicants each year and the amount of the award will be determined by the Scholarship Selection Committee. Award may be used for tuition, books, fees or other educational related expenses.

**Application Process**

1. Complete the application form by May 5, 2017.
2. Provide two references (if employed one must be from your current manager/supervisor and if enrolled in a program one must be from an instructor/professor).
3. Provide school transcripts and evidence of enrollment into a qualified program.
4. Statement describing, in 500 words or less, reasons you are pursuing nursing or an advanced degree, and what you hope to accomplish.

**Selection process**

1. All applications will be reviewed by the Scholarship Selection Committee.
2. Final selection will be made by May 19, 2017.
3. Recipient(s) will be notified in late May and will be invited to attend the ONL Annual Meeting to receive the award.

# Organization of Nurse Leaders Inc.

## SHARON A. SMITH SCHOLARSHIP APPLICATION

### I. GENERAL INFORMATION

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ONL MEMBER: Yes \_\_\_\_\_ No \_\_\_\_\_

RELATIONSHIP TO MONE MEMBER: \_\_\_\_\_ ONL Member's Name \_\_\_\_\_

### II. PROGRAM INFORMATION:

Name of School Attending or Applying to: \_\_\_\_\_

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

Year in Program 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ Post Grad \_\_\_\_\_

Type of Program: \_\_\_\_\_

BSN  MSN  Other Masters  PhD

### III. SCHOLARSHIP INFORMATION

A. Anticipated education expenses for this year:

# Credits taking \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Registration and other fees \$ \_\_\_\_\_ Books \$ \_\_\_\_\_

B. Are you receiving tuition assistance from any other source for this current year?

If so, please list the amount: \$ \_\_\_\_\_

C. Have you been awarded or are you applying for any form of financial aid, or grants? If so, please list:

Name of Financial Aid \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Grant \_\_\_\_\_ Amount: \_\_\_\_\_

Other \_\_\_\_\_ Amount: \_\_\_\_\_

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**IV. EMPLOYMENT INFORMATION:**

*Please list your current job:*

CURRENT EMPLOYER \_\_\_\_\_

JOB TITLE \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

**V. VOLUNTEER, COMMUNITY and OTHER PROFESSIONAL ACTIVITIES:**

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

- VI.**
- On a separate sheet of paper, please describe in 500 words or less, reasons you are pursuing nursing or an advanced degree, and what you hope to accomplish.
  - Provide current school transcripts and evidence of enrollment into a qualified program.

**VII. REFERENCES:**

Please give the names of two persons who will provide written references for you. Please provide these persons with the enclosed reference form. After completion, they must sign and seal the form and return it to you to be included with your application. If employed one must be from your current manager/supervisor and if enrolled in a program one must be from an instructor/professor.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby affirm that the information provided on this application is accurate. I understand that falsification of any information provided in the application for a forgivable loan will result in denial of my application.

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

\_\_\_\_\_  
Date

Qualified applicants for the scholarship are considered without regard to age, sex, race, religion, national origin, or presence of a medical condition that would not interfere with the performance of the position for which the applicant is training.

**ALL INFORMATION MUST BE COMPLETED AND SUBMITTED BY MAY 5, 2017 FOR YOUR APPLICATION TO BE CONSIDERED.**

## REFERENCE FORM

This person is applying for scholarship support that is provided by ONL to promote the profession of nursing. Your honest comments will be appreciated.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ HAS WAIVED HIS/HER RIGHTS TO REVIEW THIS REFERENCE.

(Applicant)

YES

NO

PLEASE RATE THE FOLLOWING CATEGORIES  
ON A SCALE OF 1-5

1=POOR  
2=FAIR  
3=AVERAGE  
4=ABOVE AVERAGE  
5=OUTSTANDING

- A. CRITICAL THINKING \_\_\_\_\_
- B. INTEGRITY \_\_\_\_\_
- C. PERSEVERANCE \_\_\_\_\_
- D. EMOTIONAL MATURITY \_\_\_\_\_
- E. PUNCTUALITY \_\_\_\_\_
- F. DEPENDABILITY \_\_\_\_\_
- G. SENSE OF HUMOR \_\_\_\_\_
- H. COMMUNICATION \_\_\_\_\_
- I. CARING \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING THE APPLICANT'S CHARACTER, WORK AND EDUCATIONAL ETHIC:

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

\_\_\_\_\_  
**Name and Title** of Person Completing Form

\_\_\_\_\_  
**Date** Completed Form

Relationship to or affiliation with applicant:  
\_\_\_\_\_

PLEASE SIGN AND RETURN TO THE APPLICANT IN A SEALED ENVELOPE THE COMPLETED REFERENCE FORM SO THAT THE APPLICATION MAY BE SUBMITTED TO ONL BY MAY 5, 2017.

APPLICATION CHECK LIST  
ONL SHARON A. SMITH SCHOLARSHIP

It is the responsibility of the applicant to include the following components with the application which is due no later than **May 5, 2017**.

- Application Data Sheet (2 pages)
- First signed, sealed reference form
- Second signed, sealed reference form
- Statement describing in 500 words or less, reasons you are pursuing nursing or an advanced degree, and what you hope to accomplish
- Current official school transcripts and evidence of enrollment into a qualified program
- Outline program of study
- Projected Academic Expenses
- Applicant's signature

Applications should be submitted to:  
Organization of Nurse Leaders Inc.  
800 W. Cummings Park, Suite 5600  
Woburn, MA 01801