



Nursing Alumni Association Merit Scholarships

Application Instructions

Deadline: **April 15, 2009**

A complete application will be submitted by the deadline and will include the following *in one packet*:

- ✓ **A Completed Application Form**
(See next page)
- ✓ **Evidence of Professional Commitment**
Attach a **resume** that includes education, work experience, committee/club memberships, and leadership positions.
- ✓ **Essay**
Attach an **essay**, on a separate page, briefly describing your professional goals. Your essay will be reviewed for evidence of your commitment to nursing practice and your ability to express your ideas (limited to 300 words).
- ✓ **Recommendations**
Attach **two letters of recommendation** to this application. Recommendations should be from faculty or others who can speak to your professional commitment.
- ✓ **Transcript**
Attach an **official transcript** with this application, **sealed in its original envelope**. To be official, the transcript must remain sealed in its envelope when it comes to you.

Incomplete or late applications will not be reviewed. It is your responsibility to submit a complete application packet. *Please do not submit required materials separately.*

Selections will be made and applicants notified in mid-July.

Questions? Call (434) 924-0148 or e-mail nursing-alumni@virginia.edu .

Send materials to:
UVA School of Nursing
Alumni & Development Office
Attention: SONAA Scholarships
PO Box 800826
Charlottesville, VA 22908-0826

Or deliver in person to:
Claude Moore Nursing Education Building
Room 3004 or 3007



Nursing Alumni Association Merit Scholarships Application

APPLICANT NAME: _____

Please check the scholarship for which you are applying and the program and your class year in **Academic Year 2009-2010**:

Roy C. Beazley Undergraduate Merit Scholarship Award Program Year: 3rd 4th
(traditional or transfer BSN students qualify, full-time only, third or fourth-year students)

RN-BSN Merit Scholarship Award Program Year: 1st 2nd
(RN to BSN students qualify, full-time or part-time)

Graduate Merit Fellowship Award CNL MSN/NP MSN/CNS Post-MSN
(full-time only, must have completed half of required credits) Health System Management DNP PhD

Expected Date of Program Completion: _____

Current Home Address (where you can be reached this summer):

Phone Number(s): Home _____ Cell: _____

E-mail Address: _____

Last 4 Digits of Social Security Number: XXX – XX – _____

By signing this application, you are also granting the School of Nursing Alumni & Development Office permission to retrieve your spring semester grades, for consideration as applications are reviewed.

Signature: _____

Date: _____

Attached:

- Application form completed in full
- Resume
- Essay
- Two (2) Letters of Recommendation
- Official transcript (sealed)