



HISNA Educational Scholarship Application

Deadline: **January 30, 2017**

Scholarship recipients notified: **March 2017**

Eligibility

- **MUST BE** an active NSNA Member
- **MUST BE** an active HISNA Member in good-standing with a minimum of **1-semester** membership
- Demonstrate leadership skills and participation with HISNA with a **minimum of (1) event**
- Demonstrate academic nursing excellence with a Nursing GPA at least 2.5 out of 4.0 *for \$250 Scholarship*
- Demonstrate academic nursing excellence with a Nursing GPA of at least 3.0 out of 4.0 *for \$500 Scholarship*
- Be currently enrolled in an accredited Nursing Program affiliated with HISNA (UH Manoa, UH Maui College, KCC, HPU, or Chaminade)

Required Documentation

- Proof of NSNA Membership Card
- Most recent copy of Official Transcript enclosed in a sealed envelope
- One (1) letter of recommendation from a nursing faculty, enclosed in a sealed envelope

Scholarship Information

The *Hawai'i Student Nurses' Association* (HISNA) will award **(6)** deserving HISNA members, who best exemplify leadership, professionalism, and commitment to the nursing profession. The HISNA Educational Scholarship will award **(4) \$250 and (2) \$500** to help nursing students with the cost of tuition, books, and other educational-related expenses.

Applicant Information

Name: _____ **Date of Application:** _____

Mailing Address: _____

Email Address: _____ **Phone:** _____

School: _____ **Graduation Date:** _____

NSNA Membership Number: _____

Additional Requirements

Please attach a one-page statement with **brief description about yourself, reason for career choice, reason why you think you are the best recipient for the scholarship, and describe leadership skills and participation with HISNA activities.**

Terms and Agreement

I certify that all statements made in this application are complete and accurate. I understand that: (1) The scholarship is **non-transferrable**. (2) Falsification in my application or attachments will disqualify my application. (3) Failure to follow all instructions of this application will render my application incomplete. (4) If I am selected as a scholarship recipient, I agree to release my name, address and telephone number to the scholarship sponsor, *Hawai'i Student Nurses' Association*. (5) By sending this page with my application, I attest that all of the information is accurate; and (6) By signing this agreement, I give permission to the *Hawai'i Student Nurses' Association* to request and/or verify information provided in this application and that all Scholarship Committee decisions are final.

Please print name and sign the signature line below.

Print Name	Applicant Signature	Date
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Submit all required documents in a sealed envelope and address packets to:

*Chaminade University of Honolulu
Attn: Dr. Edna Magpantay-Monroe
3140 Waialae Avenue
Honolulu, HI 96816*

Deadline for Application: January 30, 2016

DO NOT WRITE BELOW THIS LINE - FOR HISNA USE ONLY

Application Complete	Date Received: _____
Application Incomplete	Reviewed By: _____

Reason for Incomplete Application: _____