



National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI) 2024 Scholarship Application

NAHN-Michigan will award four \$1000 Scholarships to Hispanic nursing students. The recipients will be announced at the September 2024 meeting – date to be determined.

Eligibility Criteria

1. Applicants must be members of NAHN and NAHN-Michigan Chapter. Non-members may apply but if selected to receive a scholarship, the membership cost will be deducted from the scholarship (currently \$50 for student & \$125 for Full/RN).
2. Hispanic students enrolled in an undergraduate or graduate nursing program in the State of Michigan. This includes LPN, ADN, RN to BSN, BSN, ABSN, MS/MSN, PhD & DNP students.
3. Completion of at least one semester of your nursing program curriculum.
4. Minimum grade point average of 3.00.
5. Prior recipients of NAHN-Michigan Chapter Scholarships are not eligible to apply.
6. Participation in NAHN-MI meetings and events the year prior to the scholarship deadline will add points to your scholarship application. Make sure your name is noted on meeting attendance.

Instructions

1. One letter of recommendation from a nursing school faculty member. This letter should outline the applicant's potential contribution to the nursing profession or actual contributions if a graduate student. Also describe how they act as a role model for aspiring nursing students or their capability to do so in the future.
Any application without a proper letter from a nursing faculty member will be considered incomplete.
2. Information on the Scholarship Application must be typed or printed. The application will not be evaluated if illegible. Copies of academic honors and community awards received within the last two (2) years and listed on application are required.
3. Submit a typed essay no longer than 2 pages, double-spaced, 1" margins and 12 font, Times New Roman. This essay should include personal background information, school involvement, community service, goals after graduation, and how you plan to serve the NAHN Michigan Chapter and the Hispanic community in the future.
4. Scholarship recipients will agree to 10-20 hours of volunteer service to the NAHN Michigan Chapter to be completed within one year of receipt of the scholarship.
This may include but is not limited to:
 - ** Participation/volunteer with NAHN-MI at fundraisers, health fairs or similar events
 - ** Attendance, in person or online, at NAHN-MI Chapter meetings
 - ** Social Media/Recruitment/Clerical assistance with social media announcements
5. One current official transcript from the College/University is required.
6. **Materials should be submitted via email by Midnight of **June 30, 2024**. Transcripts and letter of recommendation should be sent separately from the college/university or faculty.**
7. **ANY INCOMPLETE OR LATE SCHOLARSHIP APPLICATIONS WILL NOT BE EVALUATED.**
It is the applicant's responsibility to confirm that we have received the application packet.



**National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI)
2024 Scholarship Application**

Check List

All submitted documents must be provided in English or translated.

- 1. Completed NAHN MI Scholarship Application with copies of honors and awards attached
- 2. Typed Essay, 12 font, double-spaced, New Times Roman; maximum of two pages
- 3. One Current Transcript emailed directly from the college/university to nahtmichigan.org@gmail.com
- 4. One Letter of Recommendation from a Nursing Faculty Member emailed directly from the Faculty to nahtmichigan.org@gmail.com
- 5. ALL MATERIALS MUST BE RECEIVED BY:

Midnight Friday, June 30, 2024

NAHN-MI Scholarship Committee
nahtmichigan.org@gmail.com

If you need an address & phone for transcripts:

NAHN-MI
PO Box #908
Allen Park, MI 48101
313-320-3123



National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI)
2024 Scholarship Application

SECTION I - DEMOGRAPHICS

Name: First Middle Initial Last

Mailing Address: Street Address City State Zip

Permanent Address: (If different from above) Street Address City State Zip

Cell Phone:

School E-mail address:

Personal E-mail address (If different) :

How did you hear of NAHN-MI Scholarship Program? (i.e. NAHN member, another student, website, school of nursing, financial aid office)

SECTION II - EDUCATION

I am currently enrolled in the following program:

- LPN A.D.N. BSN RN to BSN ABSN MS/MSN PhD/DNP

APPLICANTS MUST HAVE COMPLETED ONE SEMESTER OF NURSING CURRICULUM OR PRESENTLY ENROLLED IN A LPN PROGRAM

Name of Nursing School:

School Address:

City: State:

Zip:

Phone:

Expected Date of Graduation (Month/Year):



**National Association of Hispanic Nurses - Michigan Chapter (NAHN-MI)
2024 Scholarship Application**

All submitted documents must be provided in English or translated.

List all the educational programs attended and degrees received:

| | | | | | |
|----|---------------------------|----------------|--------|----------------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| | School/College/University | Years Attended | Degree | Year Graduated | Major |
| 2. | _____ | _____ | _____ | _____ | _____ |
| | School/College/University | Years Attended | Degree | Year Graduated | Major |
| 3. | _____ | _____ | _____ | _____ | _____ |
| | School/College/University | Years Attended | Degree | Year Graduated | Major |
| 4. | _____ | _____ | _____ | _____ | _____ |
| | School/College/University | Years Attended | Degree | Year Graduated | Major |

SECTION III – ACADEMIC HONORS AND COMMUNITY AWARDS

List any academic honors and community awards received within the last two (2) years.
Copies of honors and awards need to be attached with the application.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

I ACKNOWLEDGE THAT THE ABOVE INFORMATION ON THIS SCHOLARSHIP APPLICATION IS
CORRECT, AND I AGREE TO THE TERMS OF THIS APPLICATION.
ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION AND ANY FUTURE
NAHN-MICHIGAN CHAPTER SCHOLARSHIPS.

Signature

Date