



ID#: _____

For blind review, please enter your birthdate (MMDDYY) and first letter of your last name for ID# in the box above.

OSHNA Nursing Scholarship Application

Directions: Complete this application and supporting documents, save as a PDF file, and title the file with your ID number above.

E-mail completed package to: oshnaboardofdirectors@gmail.com

A. PERSONAL INFORMATION

<p>Country of Passport Issue _____</p> <p>Country of Current Residence _____</p> <p>To qualify, applicant must be currently attending an international or DoDEA high school with plans to obtain a degree in nursing.</p>	<p>Date of Birth</p> <p>MMDDYY</p> <p>_____</p>
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B. PLANS FOR STUDY

<p>College/University for Nursing Degree: _____</p> <p>Country _____</p>	
<p>Beginning Date: _____</p>	<p>Expected Graduation Date: _____</p>
<p>Attendance: _____ Part-time _____ Full-time</p>	
<p>What nursing degree are you pursuing?</p> <p>____ BSN (Bachelor Degree in Nursing, Registered Nurse)</p> <p>____ ADN (Associate Degree in Nursing, Registered Nurse)</p> <p>____ Other: Please explain: _____</p>	
<p>What area of nursing are you interested in specializing? (if available):</p> <p>_____</p>	

C. SECONDARY EDUCATIONAL HISTORY

SCHOOL	COUNTRY	DATES of ATTENDANCE

D. EXPERIENCE

List employment for the past 2 years, beginning with the most recent.

EMPLOYER	MAJOR RESPONSIBILITIES	DATES

E. ACTIVITIES

List extra-curricular activities (organizations/sports), leadership positions, and extent of your involvement

ORGANIZATION	OFFICE	INVOLVEMENT

List volunteer activities

ORGANIZATION	Hours Served	INVOLVEMENT

List academic awards received.

Title	Awarded By	Date

F. APPLICATION CHECKLIST

Attach the following additional items to complete the application.

ITEM	SPECIFICATIONS	Complete (Y/N)
2, one page essays	See below. Use your personal ID#. Do not include your name. Do not exceed the page provided.	
2, one page reference letters	Attach 2 letters of reference (one page each) from individuals who can address your academic aptitude, scholarship, and seriousness of purpose. TWO references are required. Reference contact information (email) must be included.	
Personal ID Form	Attach completed ID form.	
Current High School Transcript	Must include signature and email address of high school official (counselor or administrator). Add your personal ID# to the transcript.	

Strict Deadline for application packet submission is April 15.

Incomplete application packets and those received by email after April 15th will not be reviewed.

Complete applications include this application, as well as all items listed in Section F.

You are requested to make a copy of this application, signed personal ID form, signed transcript, and references for your records. The original and all supporting documents become the property of the Overseas School Health Nurses Association and are not returnable. If additional space is necessary to answer any of our questions, please feel free to add pages. This does not apply to the two essay questions which have limited wording.

Once you email your application packet to oshnboardofdirectors@gmail.com , you will receive a confirmation email of receipt from the Overseas School Health Nurses Association. Please keep this receipt for your records.

Notification of award recipients will begin in May.

The APPLICATION DEADLINE IS APRIL 15TH of the current application year.

Essay 1

Please compose a statement, not exceeding 500 words, answering the following question. Do not include your name on this form.

Question 1: **What does being a nurse mean to you?**

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Essay 2

Please compose a statement, not exceeding 500 words, answering the following question. Do not include your name on this form.

Question 1: **How has your experience living outside your home country influenced you? How might this experience influence your nursing career?**

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