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## SCHOLARSHIP GUIDELINES

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- To qualify for the OSHNA Nursing Scholarship, you must be:
  - a high school senior, currently attending an international or DoDEA high school.
  - planning to obtain a degree in nursing.
- Criteria used by the OSHNA Board of Directors select candidates:
  - 2 letters of reference
  - Completed application with 2 essays
  - Signed official high school transcript
    - GPA requirements are as follows: 3.0 minimum GPA
- Only completed application packets will be reviewed.
  - Refer to section F of application form for the required documentation. Applicants will be notified by email if application is incomplete and will only be considered if applicant resubmits necessary documents before the April 15<sup>th</sup> deadline. If all documents, to include transcripts, are not received by April 15, the application will be considered incomplete.
  - Completed packets must be emailed to: [oshnaboardofdirectors@gmail.com](mailto:oshnaboardofdirectors@gmail.com)
- Funds will be awarded and names of recipients will be announced in May of the award year.
- Recipients agree to participate in follow-up surveys related to the Scholarship Program.
- Recipients must opt out on the Identification Form if they do not consent to publication distribution through news media and the OSHNA website.

**The APPLICATION DEADLINE IS April 15<sup>th</sup> of the current application year.  
No exceptions will be made for late applications.**



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 IDENTIFICATION FORM

<b>Name</b> _____ First Middle Last
<b>Current Address</b> _____
<b>Country of Passport Issue:</b> _____
<b>Best Phone Number to Reach You: (country code)</b> _____
<b>Email Address (REQUIRED):</b> _____ <i>*Most communication about scholarships are done via email.</i>

**AGREEMENT:** Please initial by the statements you agree with and sign at the bottom.

\_\_\_\_\_ All information provided is accurate to the best of my knowledge. If information is found to be incorrect, I understand that I will forfeit the scholarship.

\_\_\_\_\_ My name and image **may be** used for public relations purposes (i.e. Overseas School Health Nurses Association publications, press releases to news media).

**--OR--** \_\_\_\_\_ My name and image **may not be** used for public relations purposes.

***This will not affect the scoring of your scholarship application.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Your signature is required.**