

## **SOUTHEASTERN PENNSYLVANIA LEAGUE FOR NURSING, INC.**

### **SCHOLARSHIP ELIGIBILITY CRITERIA FOR STUDENTS IN PROFESSIONAL OR PRACTICAL NURSE PROGRAMS DEADLINE March 31, 2009**

The Southeastern Pennsylvania League For Nursing, Inc. (SPLN) is awarding two \$750 scholarships to two students in professional nursing programs and one \$750 scholarship to a student in a practical nursing program. Full-time and part-time students in good standing and meeting the criteria listed below are invited to apply.

The SPLN Scholarship & Award Committee will select the scholarship recipients. Recipients will be notified by mail and the SPLN will honor scholarship winners at the SPLN Spring 2009 Dinner Program on April 16, 2009.

#### **Eligibility criteria:**

1. Enrolled in as a full-time or part-time student in an approved professional or practical nursing program located in Southeastern Pennsylvania county (Bucks, Chester, Delaware, Montgomery and Philadelphia)
2. Possess a G. P. A. of 3.0 or above or a "B" or above average in the program

#### **Application process:**

1. Submit completed Scholarship Application form (enclosed).
  2. Submit an official transcript or grade report (**please black out social security number if it appears on document**).
  3. Submit completed Faculty Endorsement form (enclosed).
  4. Submit a typed personal narrative addressing the following points:
    - most important thing you learned since beginning your nursing studies,
    - your involvement in community organizations, church, school of nursing activities, etc.,
    - your future goals in nursing,
    - how you plan to use the scholarship money,
    - *be sure to include your name on the narrative.*
  5. **Applications are due March 31, 2009.**
- **Only completed applications received by the due date will be considered.**
- **All material including application, copy of transcript, faculty recommendation and narrative are to be mailed in one envelope to:**
- Andrea Schapire, MSN, RN  
Chair, SPLN Scholarship Committee  
4201 Neshaminy Blvd.  
PMB # 284  
Bensalem, PA 19020**
- The SPLN Scholarship Committee selects the scholarship recipients and its decision is final.

**SOUTHEASTERN PENNSYLVANIA LEAGUE FOR NURSING, INC.**  
**SCHOLARSHIP APPLICATION**  
**DEADLINE March 31, 2009**

**Print or type the following information\***

**Name:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_  
Street (or P O Box)

\_\_\_\_\_

City	State	Zip code
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**Telephone number (including area code):** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Name of nursing school:** \_\_\_\_\_

**Name of dean/director of nursing school:** \_\_\_\_\_

**Expected date of graduation\*\*:** \_\_\_\_\_

**Educational expenses (tuition & fees, books, etc. Don't include living expenses:**  
\_\_\_\_\_

**Are you currently receiving financial aid?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, type and amount:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Illegible and/or incomplete applications will not be considered.

\*\*Must be currently enrolled in an approved professional or practical nursing program located in Southeastern Pennsylvania.

**SOUTHEASTERN PENNSYLVANIA LEAGUE FOR NURSING, INC.**  
**NURSING FACULTY RECOMMENDATION FOR STUDENT SCHOLARSHIP**  
**DEADLINE March 31, 2009**

**SECTION I: To be completed by student applicant**

**Student name (print):** \_\_\_\_\_

According to the Family Education Rights and Privacy Act of 1974, as amended, it is my desire that this letter be designated (place a check mark next to your choice):

_____ <b>Confidential</b>	<b>I wish to waive my right of access to this letter or</b>
_____ <b>Open</b>	<b>I wish to retain my right to access this letter</b>

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**SECTION II: To be completed by nursing faculty.**

Address the following topics when recommending the above named student: scholastic & clinical ability and potential asset to the nursing profession. Please return completed form to applicant to be included in submitted application packet.

Thank you, SPLN Scholarship Committee.

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**Faculty name (print):** \_\_\_\_\_

**Faculty signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position and Institution:** \_\_\_\_\_