

“Nurse Educator Scholarship Program”

Checklist and Application Requirements

Program History

The Nurse Educator Scholarship Program pursuant to §23-35.9 and §32.1-122.6:01 of the Code of Virginia provides annual nursing scholarships from the Nursing Scholarship and Loan Repayment Fund pursuant to §54.1-3011.1 and §54.1-3011.2 in Virginia Code for part time and full time students enrolled in a graduate Nursing Educator Program that are residents of Virginia as determined by Virginia Code section §23-7.4 for Instate Tuition eligibility. Graduate Nursing Educator Programs are defined as those programs offering Master and Doctoral Degrees in Nursing Education and will complete in two years or less. This revolving Nursing Scholarship and Loan Repayment Fund is maintained by fees authorized by Virginia Code section §54.1-2400 that charges one dollar for every practical nurse and registered nurse obtaining a licensure or renewal in Virginia pursuant to §54.1-3011.1. This fund also includes any funds appropriated by the General Assembly for the purposes of the fund; and any gifts, grants, or bequests received from any private person or organization. All scholarship awards are made by an Advisory Committee appointed by the Virginia State Board of Health. The Virginia Department of Health (VDH)-Office of Minority Health and Health Equity (OMHHE)-Health Workforce serves as the staff element to the Advisory Committee and plays no role in the determination of scholarship recipients. The Advisory Committee recommends to the State Commissioner of Health the award selection with due regard given to scholastic attainment, financial need, and character. After final review and a decision is made by the Commissioner, selected Program Recipients are notified by the Office of Minority Health and Health Equity.

This checklist has been provided to facilitate your application process. Please ensure that you read and understand the following information prior to applying for a scholarship award. Please send us all documents requested below to ensure that your application is complete. Failure to comply with these application requirements will result in you being ineligible for a Virginia Nurse Educator Scholarship.

- A current **official transcript of grades** must be submitted from undergraduate and/or graduate schools attended. If you have a student identification number, please provide this number on the application (Section 2). This is important so that our office can match your transcript with the application. **The Office of Minority Health and Health Equity prefer that you have the transcripts sent to you first, so that you can include them in your application package to us.** If this is not feasible by the institution, transcripts should be **postmarked by June 30** for the academic year beginning in the fall of the calendar year that you are applying.
- If you are already enrolled in a Nursing Education Graduate Program , you must demonstrate **satisfactory academic progress**.
- A **current curriculum vitae or resume** must be submitted with the application.
- Two (2) letters of References** in a sealed envelope with the reference’s signature across the seal are required as part of the application. At least one reference must be from a former faculty member or teacher. Remember to allow extra time for your references to send YOU the letters allowing enough time for you to be able to include them in your application package to us.
- Proof of **US Citizenship** must be provided by submitting a copy of your **social security card**.
- Proof of **Virginia Residency** must be provided. To be considered a resident of Virginia for the Nurse Educator Scholarship Program, you have to establish by clear and convincing evidence that for a period of at least one year you have been domiciled in Virginia and have abandoned any previous domicile, if such existed. "Domicile" means the present, fixed home of an individual to which he/she returns following temporary absences and at which he/she intends to stay indefinitely. You must prove "Domiciliary intent" which means to present intent to remain indefinitely. All of the following are acceptable methods to prove continuous residency for at least one (1) year. **Note: choose one of these that will be able to show or prove that you have lived here at least a year:**
 1. Previous years’ **state income tax filings or statements** verifying that you have lived in Virginia for at least a year
 2. **Driver's license** with an issue date or a renewal date showing that you have lived in Virginia for at least a year
 3. **Motor vehicle registration** with verification on it showing that you have lived in Virginia for at least a year
 4. **Voter registration** with an issue date showing that you have lived in Virginia for at least a year
 5. **Employment records that include your home address** verifying that you have lived in Virginia for at least a year
 6. **Property ownership records that state that the Virginia property is your primary residence** verifying that you have lived in Virginia for at least a year
 7. **Other sources of financial support statements such as student loans, spousal support, food stamp, SSI, Unemployment or others** verifying your address and showing that you have lived in Virginia for at least a year

8. **Military records** including the Military Leave and Earning Statement (LES) verifying that you have been stationed in Virginia
9. **Other records proving social or economic relationships with the Commonwealth and other jurisdictions such as County or City** verifying that you have lived in Virginia for at least a year

Additional Information regarding residency:

- Domiciliary status shall not ordinarily be conferred by the performance of acts which are auxiliary to fulfilling educational objectives or are required or routinely performed by temporary residents of the Commonwealth. Mere physical presence or residence primarily for educational purposes shall not confer domiciliary status.
- The domicile of a dependent student applicant shall be rebuttably presumed to be the domicile of the parent or legal guardian claiming him as an exemption on federal or state income tax returns currently and for the previous tax year providing him/her substantial financial support. For Military dependents, notwithstanding any other provision of law, all dependents, as defined by 37 U.S.C. § 401, of active duty military personnel, or activated or temporarily mobilized reservists or guard members, assigned to a permanent duty station or workplace geographically located in Virginia, or in a state contiguous to Virginia or the District of Columbia, who reside in Virginia shall be deemed to be domiciled in Virginia for purposes of eligibility of the Nurse Educator Program.
- Domiciliary intent of active duty military personnel residing in the Commonwealth, retired military personnel residing in the Commonwealth at the time of their retirement, or veterans, or the domiciliary intent of their dependent spouse or children who claim domicile through them, who voluntarily elect to establish Virginia as their permanent residence for domiciliary purposes, the requirement of one year shall be waived if all other conditions for establishing domicile are satisfied.

- One-Page Essay/Statement from the applicant-SECTION 7** describing personal and professional interest in nursing and nursing education. Be sure to sign your name at the bottom of the page of your essay. Include in this essay/statement:
 1. What you hope to accomplish as a career
 2. How the program will build on your current competencies
 3. Cite leadership capabilities and/or describe your leadership experience(s)
 4. Cite previous teaching opportunities (if any)
 5. Describe your interest and willingness to teach in Virginia, including type of educational program/institution.
- Proof of enrollment filled out by the School Director-SECTION 8.** Make sure that your Nursing Education School Directors are willing to comply with the annual reporting requirements that will be expected from them.
- It is important if applicable, for you to have your Financial Aid Office of your institution fill out the **Application Financial Need Recommendation Form-SECTION 9**. The recommendation of the Financial Aid Officer must be based upon one of the three following referenced need analysis documents including a specific dollar amount determined to be the applicant's financial need: Financial Aid Form (FAF) of the College Scholarship Service, the Family Financial Statement (FFS) of the American College Testing, and/or the Free Application for Federal Student Aid (FAFSA). *The Virginia Nurse Educator Scholarship Program and the Nursing Scholarship Advisory Committee that recommends its awards to the State Health Commissioner give due regard to the financial need of an applicant. Financial Need is one of the many determining factors for award; **it is not required for eligibility of the program.***
- Both the Dean/Director/Chair of the School of Nursing and the Financial Aid Officer/Authorized Person must complete and provide **original signatures in their sections** of the application.
- Applications must be typed; handwritten applications will be not accepted.** It is the responsibility of you the applicant to see that:
 - The application form and supporting documents are completed entirely;
 - All original signatures are obtained on the application form;
 - Maintain a copy of this application and supporting documents for your records;
 - Applications are to be mailed and postmarked prior to **June 30** to:

Virginia Department of Health -Office of Minority Health and Health Equity
ATTN: Nurse Educator Scholarship Program
109 Governor Street, Suite 1016- East Richmond, Virginia 23219

SECTION 1 – PERSONAL DATA

Date of Application: _____

Legal Name:

Last First MI Maiden

Preferred Name

Address:

Street Number and Name

City State Zip

Day Phone Number: (000) 000-0000 Evening Phone Number: (000) 000-0000

Email Address:

Preferred method of contact:

Social Security Number: 000-00-0000 Sex: Please Select One

Date of Birth: _____ Place of Birth: _____

Race/Ethnicity: Please Select One Other: _____

Are you a US Citizen or Naturalized Citizen? _____

How long have you been a resident of Virginia? _____

Congressional District: **(Please check with your voter registration office or visit <http://nationalatlas.gov/printable/congress.html>)**

Are you currently a Registered Nurse (RN)? Please Select One

Have you ever received a Nurse Educator Scholarship before? Please Select One

If yes, in what year(s)? _____

What school of nursing were you attending during that time? _____

Do you speak another language other than English?

Please Select One If yes, please list: _____

ALTERNATIVE CONTACT PERSON

By providing a name in this section, you are giving us permission to contact this person if you cannot be reached

Name:

Last First MI

Address:

Street Number and Name

City State Zip

Phone Number: (000) 000-0000 Relationship to Applicant: _____

SECTION 2 – PROFESSIONAL NURSING EDUCATION

School of Graduate or Doctoral Nursing Program: _____

Is this an Online Program based in Virginia? _____

Student Identification Number _____

Address: _____
Street Number and Name

City _____ State _____ Zip _____

School Phone Number : _____ (000) 000-0000

Graduate school start date: _____ Date of expected Graduation: _____

How many credits do you currently have if already started? _____

Full-time Student Part-time Student; How many credit hours are you taking? _____

To the best of your ability, how many semester/quarters will you need to complete your studies? _____

How would this be translated into years? _____

Post-graduate Training (if any): _____

Degree being obtained: M.S. or M.A. or MSN
 Research (PhD, DNSc, DNS)
 Practice (Doctor of Nursing Practice)

Current License and Previous practice: Currently a Registered Nurse Previous Licensed Practical Nurse Previous Certified Nursing Aide
Current License Number: _____

Certificate Number (if one): _____

Any license restrictions? Yes No If yes, please specify: _____

SECTION 3 – PRIOR EDUCATION

University/College	Diploma/Degree	City and State	Date of Attendance	Reason for Leaving
1. _____			-	
2. _____			-	
3. _____			-	

SECTION 4 – WORK EXPERIENCE

Check here if you have never been employed, and skip to Section 5

Type of Position	Name of Employer	City and State	Dates of Employment	Reason for Leaving
1.			-	
2.			-	
3.			-	

SECTION 5 – OTHER HEALTH-RELATED AND/OR CIVIC EXPERIENCES

Type of Position	Organization	City and State	Dates of Work
1.			-
2.			-
3.			-

SECTION 6 – OTHER FINANCIAL ASSISTANCE

Are you receiving any other type of financial aid for the upcoming school year? Please Select One

If yes, please indicate: _____

SECTION 7 – NARRATIVE SUMMARY (Required by the applicant)

Explain briefly, in 4,000 characters or less, the significance of the Virginia Nurse Educator Scholarship Program in pursuing your educational goals. Describe your personal and professional interest in nursing and nursing education. Be sure to include the following in this essay.

1. What you hope to accomplish as a career
2. How the program will build on your current competencies
3. Cite leadership capabilities and/or describe your leadership experience(s)
4. Cite previous teaching opportunities (if any)
5. Describe your interest and willingness to teach in Virginia, including type of educational program/institution.

All of the information in this narrative summary is true to the best of my knowledge. I realize that information from this section will be used to determine scholarship awards if selected.

APPLICANT PLEASE SIGN BELOW

Print Name of Applicant

Date

Signature of Applicant

SECTION 8 –SCHOOL OF NURSE EDUCATOR PROGRAM RECOMMENDATION

This section is to be completed by the Dean/Director of the Graduate School of Nursing.

1. Name of applicant: _____
2. Student Identification or Social Security Number: _____
3. This applicant is: Attending Approved for Admission
4. Date of entrance: Month _____ Year _____
5. During this award period, the applicant will be attending: Full Time Part Time
6. Cumulative Grade Point Average if already attending: _____ (*Applicants must have at least a satisfactory cumulative GPA in Required Courses, **not electives***)
7. Please provide a brief recommendation below in 2,000 characters or less describing the applicant in regards to scholastic attainment, character, and adaptability to the nurse educator profession if applicable.

I recommend (Full Name of Applicant) **for a Nurse Educator Scholarship Award.**

Name of Authorized Person Completing This Section

Title

Signature

Date

Full Name of School of Nursing

Phone Number

E-Mail Address

SECTION 9 – FINANCIAL NEED RECOMMENDATION

This section is to be completed and signed by the Financial Aid Officer or Program Director of your institution if applicable.

The Virginia Nurse Educator Scholarship Program and the Nursing Scholarship Advisory Committee that recommends its awards to the State Health Commissioner give due regard to the financial need of an applicant. Financial Need is one of the many determining factors for award; **it is not required for eligibility of the program.** If applicable, document by one of the accepted uniform methodology needs analysis systems. Please use the most recent needs analysis on file for this student to recommend the amount of scholarship required to meet the calculated need, after taking into consideration other financial aid already received by the applicant.

1. Applicant Name: _____
2. Student Identification or Social Security Number _____
3. **Student Costs and Resources:**
 Student Aid Budget for Applicant _____
 Expected Family Contribution (EFC) _____
 Financial Aid Received (excluding loans) _____
 Remaining Need _____
 Cost of Program for One Year _____
 (including tuition, fees, books, uniforms, etc.) _____

4. **Scholarship Recommendation:**
 The Nursing Scholarship Committee does not make their award selection based solely on the financial need recommendation. Award range for a graduate varies depending on the number of applicants and the Appropriation by the Virginia General Assembly.

Based upon a review of this applicant's financial situation, \$5,000 to \$9,999
 I recommend a Virginia Nurse Educator Scholarship award of \$10,000 to \$14,999
 (check one): \$15,000 and up

5. If your recommendation is less than both the "remaining need" above and the maximum allowable reflected in the award range above, please explain:

6. Needs Analysis Method Used:
 Please indicate which of the following methods was used in determining the applicant's financial need and the academic year for which the form was filed. (Financial Aid Officers are encouraged to use the need analysis for the year in which the student is applying for assistance.)

<input type="checkbox"/> CSS	<input type="checkbox"/> ACT	<input type="checkbox"/> PELL	<input type="checkbox"/> FAFSA	Academic Year from _____ to _____
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 Name of Financial Aid Officer/Authorized Person (Please Print)

 Phone Number

 Signature of Financial Aid Officer/Authorized Person

 Date

 E-Mail Address

SECTION 10 – CERTIFICATION STATEMENT

All of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. I understand that it may be investigated and that any willful false representation is sufficient cause for rejection of this application. If asked by the Nursing Scholarship Advisory Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Nurse Educator Scholarship Program.

Signature of Applicant

Date

Full Name (Please Print)

For marketing purposes, how did you learn about this scholarship opportunity?

Thank you for your interest in this program!