

# **Kentucky Nurses Association**

## ***Nightingale Chapter Scholarship***

### **Application Criteria**

To be eligible for the \$500.00 Nightingale Chapter Scholarship an applicant must be enrolled in an ADN, BSN, Masters, or Doctoral program. If enrolled in a prelicensure program the applicant must be in the final semester. The applicant must reside or be employed as a RN within the following counties: Anderson, Boyle, Casey, Garrard, Lincoln, Marion, Mercer, Pulaski, Rockcastle, Washington and Woodford.

The scholarship will include funds to pay (or reimburse) for the first year of membership in the Kentucky Nurses Association. If selected, the applicant must agree to attend at least two Chapter meetings or attend two education meetings of the KNA such as the summit or convention.

### **Scholarship Application Process and Timeline**

1. Complete the application cover form.
2. Write a brief essay (at least a paragraph) discussing the purpose and benefits of belonging to a professional organization, to include ideas to make membership in KNA more attractive to professional nurses.
3. Obtain a letter of support of the application from at least one faculty member or employer.
4. Sign and date the KNA Nightingale Chapter Scholarship Agreement.
5. Submit the application form and all the above required documents to the KNA Nightingale Chapter Scholarship Committee by May 4 (for the spring semester) and October 5 (for the fall semester).
6. Scholarships will be presented at the annual May and October chapter meetings (date and locations of the meetings to be announced).

**Kentucky Nurses Association**

***Nightingale Chapter Scholarship***

***Application Form***

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

E-mail address\_\_\_\_\_

***Nursing Program Information***

School name\_\_\_\_\_

Nursing Program Director\_\_\_\_\_

School Address\_\_\_\_\_

School Phone Number\_\_\_\_\_

Type of Nursing Program:  Associate Degree  RN-BSN  Baccalaureate

Masters  Doctoral

Anticipated Date of program completion: \_\_\_\_\_

***Certification and Release of Information***

I affirm that the information provided is complete, accurate, and true to the best of my knowledge. I authorize school officials to release the requested academic information to the Kentucky Nurses Association Scholarship Committee for the purpose of determining scholarship eligibility.

Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_

## Kentucky Nurses Association

### *Nightingale Chapter Scholarship*

#### **Agreement Form**

I \_\_\_\_\_, affirm that if I am a selected recipient of a scholarship from the Kentucky Nurses Association Nightingale Chapter, I will participate in the chapter activities for at least one year, including attendance at two or more chapter meetings. I will, also, inform others about the benefits of membership in a professional organization and invite other nurses to join the Kentucky Nurses Association.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or email the completed application and attachments to one of the following scholarship committee members:

Gwyneth Pyle

or

Denise Alvey

108 Vista Court

1009 Bunker Hill Drive

Stanford, KY 40484

Lawrenceburg, KY 40342

[nursewyneth@gmail.com](mailto:nursewyneth@gmail.com)

[alveylex2@aol.com](mailto:alveylex2@aol.com)