

Mildred H. Smith Foundation, Inc.



**GROW A NURSE SCHOLARSHIP
APPLICATION INFORMATION**

Purpose

One scholarship to be awarded to an individual enrolled in a pre-licensure practical nursing education program approved by the Ohio Board of Nursing. Financial need must be demonstrated. The maximum award will be decided annually based upon available funds, but shall not constitute more than half of the entire amount of tuition. This award does not cover books or housing. If selected, payment is made directly to the institution of learning.

Criteria

- ✓ Applicant must have been accepted to an Ohio Board of Nursing Approved pre-licensure practical nursing education program.
- ✓ Applicant must be able to show successful completion of at least the first term of the program to which they have been accepted.
- ✓ Applicant must be able to demonstrate financial need.
- ✓ Applicant must submit on a separate sheet, as essay to express why they have chosen to become a nurse.
- ✓ Applicant must show proof of maintaining a passing grade in the chosen pre-licensure nursing education program.
- ✓ The amount awarded may be used toward tuition fees only.

Application Process

Applicant must submit the completed application form and essay by the deadline of July 1, of each year.

Application information must be typed or printed in blue or black ink only.

Essay may be no longer than one full page (8 ½ by 11) and must be typed in a size 12 font.

Submit a copy of your most recent IRS Income Tax Return.

If the application form is received incomplete, or without the required essay, additional information may be requested by the MHSF administrator. Please bear in mind that any such request for additional information may slow the decision making process and result in the applicant missing the application deadline.

Re-payment of the full amount awarded will be required if the award recipient fails to successfully complete the pre-licensure practical nursing education program.

The completed application form will be reviewed by all members of the Scholarship Committee.

Award recipients will receive written notification of award decision no later than September 30 of each year. Checks will be made payable to the school in which the award recipient is enrolled.

**GROW A NURSE SCHOLARSHIP
APPLICATION FORM**

I. Complete all requested information. Print or Type

Name (First) _____ (Last) _____

Mailing Address

(Street) _____ **(Apt)** _____

(City) _____ **(State)** _____ **(ZIP)** _____ - _____

Phone Number _____ **E-mail** _____

Social Security Number _____

II. Program Information

Title of pre-licensure practical nursing education program

Program Address

(Street) _____ **(Apt)** _____

(City) _____ **(State)** _____ **(ZIP)** _____ - _____

Estimated Annual Cost of Tuition _____

- Essay is attached
- Copy of my most recent IRS Income Tax Return is attached.
- Proof of successful completion of at least the first term of the pre-licensure practical nursing education program is attached.
- All required information is complete and accurate to my knowledge.
- If funding is granted for the above mentioned program, I understand that I will be required to submit proof of maintaining a passing grade and continued enrollment in the pre-licensure practical nursing education program. To that end, I understand that I will be required to submit a copy of my grade transcript following the completion of each term to the Mildred H. Smith Foundation, Inc.
- I further understand, re-payment of the full amount awarded will be required if I fail to successfully complete the pre-licensure practical nursing education program.

_____/_____
Signature Date