

# InterAct for Change Clinton and Blanche Harden Scholarship

## Information and Guidelines

InterAct for Change offers Clinton and Blanche Harden Scholarships to exemplary minority students enrolled in an accredited nursing program.

**Purpose of Scholarship:** To provide financial assistance to minority students currently enrolled in nursing programs. Priority is given to those individuals who exhibit behaviors reflective of compassionate care givers, good academic ability and positive leadership skills, and to students experiencing economic hardship.

**Amount of each Scholarship:**       **\$800 - \$1,000 determined annually**

### **CRITERIA for Submitting an Application**

Be enrolled in nursing courses in the type of program appropriate to the scholarship for which you are applying. The student must reside or the program must be located within a 65 mile radius of Cincinnati.

Demonstrate compassionate care giving, a good academic, and positive leadership abilities.  
**(Requires a GPA of 2.5 or above)**

Exhibit financial need.

Participate in extracurricular, professional and/or community activities.

### **INSTRUCTIONS for Completing an Application   USE THE FOLLOWING AS A CHECK LIST.**

1.    **Application Form:** Complete the **attached application form** being sure to **verify you meet the applicant qualifications.**
2.    **Essay:** **A typed essay** describing your current clinical interest, leadership ability, educational goals and career plan. **Limit** essay to no more than **250 words.**
3.    **Transcripts:** Official academic transcripts from your basic nursing program and any other post-secondary education. **Transcripts must be mailed by the School's Registrar's Office and NOT by you.**
4.    **Enrollment:** A letter from the Dean or Chair of your Nursing Program validating your enrollment status.
5.    **Recommendations:** **Three (3) recommendations** from individuals (including one from a current nursing instructor) who can evaluate your performance on the items on the **attached "Recommendation For Scholarship Award."** **Make copies of this form.** Complete the top two lines of the form and request that the completed form be returned to you in a sealed envelop with your name on it by the date you provide.

**Mail to:**           Nursing Scholarship Committee  
                          InterAct for Change, 3805 Edwards Rd #500. Cincinnati, OH 45209

**By:**    **Post marked no later than January 11, 2008**

For questions or further information about this application material, contact Francie Wolgin at 513-458-6612 or [fwolgin@healthfoundation.org](mailto:fwolgin@healthfoundation.org)



**Extracurricular and Professional Activities** (Please include honors/awards, athletics, clubs, organizations, committees, offices held, publications, community/volunteer, certifications):

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**Employment History** (Please include for the past 5 years. Attach an additional page if necessary):

Employer	Nature of Work Performed	Dates Worked

**How did you become are of this Scholarship Program?** \_\_\_\_\_

I hereby certify that the information contained in this Scholarship Application is a true report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** Please refer to the "Instructions for Completing an Application Form" on the Scholarship Information and Guidelines Sheet for details about completing the application process. Incomplete and late applications **ARE NOT** considered for a Scholarship.



3805 Edwards Rd., Suite 500  
Cincinnati, Ohio 45209

## Scholarship Recommendation Form

Name of Applicant (Please Print) \_\_\_\_\_  
(To be completed by applicant)

Return to Applicant by \_\_\_\_\_ (To be completed by Applicant)

### Instructions to Person Completing Recommendation

Below are statements which represent the purposes and criteria for the scholarship award. To assist you in evaluating the applicant, each of these statements are followed by a few examples of behaviors which are characteristic of the statement. **After completing this form, place form in a sealed envelope with applicant's name on the envelope and return to applicant by above date.**

On a scale of "1 to 6," with "6" representing outstanding performance of a criterion and "1" representing poor performance, circle the number which represents your opinion on how the applicant meets each statement.

**6. The applicant is a compassionate caregiver.** 1 2 3 4 5 6 Outstanding

Communicates interest and concern toward others.  
Is alert to and considerate of needs of others (patients, co-workers, classmates)  
Is supportive of others in stressful situations.

**7. The applicant demonstrates positive leadership abilities.** 1 2 3 4 5 6

Collaborates with others (classmates, co-workers) in achieving mutually agreed goals.  
Holds self and others accountable as appropriate to the situation.  
Assumes role of group member or group leader as appropriate to situation.  
Contributes constructively to the group's efforts to achieve goals.

**8. The applicant demonstrates good academic ability.** 1 2 3 4 5 6

Applicant's performance on class requirements demonstrates highly developed academic ability.  
Uses classroom/clinical situations as opportunities to develop as a professional nurse.  
Takes advantage of opportunities to continuously learn new knowledge and skills.  
Expresses ideas succinctly and logically when speaking and in writing.  
Exhibits spirit of inquiry by asking appropriate questions and discussing all sides in issues.

**This applicant should be awarded a scholarship. (1 =Do Not recommend; 6=Highly recommend)**

1 2 3 4 5 6

Comments about any of the above items are encouraged. Use back of page if necessary.

Provide information as to your relationship with the applicant, and when and where it took place ( e.g., Instructor (type of course), advisor, administrator, or co-worker at name of college or place of employment).

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Phone # \_\_\_\_\_