

# InterAct for Change Scholarships

## Information and Guidelines

InterAct for Change offers three scholarships in memory of three outstanding nurse leaders in the Greater Cincinnati Nursing Community.

- ANNA DRAKE SCHOLARSHIP:** For individuals enrolled in an accredited ASN or BSN basic nursing program  
**LAURA ROSNAGLE SCHOLARSHIP:** For registered nurses enrolled in an accredited RN to BSN or RN to MSN completion program  
**IDA W. CASEY SCHOLARSHIP:** For registered nurses matriculated in an accredited graduate program in nursing

**Purpose of Scholarships:** To provide financial assistance to 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: \$2,000**

### 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.

Must have **completed at least one clinical nursing course** if applying for the **Anna Drake Scholarship**

Hold an active license as a Registered Nurse if applying for the **Rosnagle** or **Casey Scholarships**,

Demonstrate compassionate care giving, a good academic, and positive leadership abilities. (Casey Award requires a GPA of 3.00 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** and **check the name of the scholarship** for which you are applying.
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 31**

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

# InterAct for Change Scholarships

## ANNA DRAKE SCHOLARSHIP APPLICATION FORM

Applicant Qualification: \_\_\_ I live within 65 miles of City Center, Fifth & Vine 45202 ( Enter distance \_\_\_ ) and /or \_\_\_ I am enrolled in an a accredited **ASN or BSN basic nursing program** located within 65 miles of City Center, Fifth & Vine 45202

(Last name) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Maiden) \_\_\_\_\_  
**Complete Address** \_\_\_\_\_  
\_\_\_\_\_

**Phones** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ **Email** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**University/College Attending** \_\_\_\_\_ **Date first enrolled for degree** \_\_\_\_\_  
**Date graduation planned** \_\_\_\_\_ **I have completed a minimum of 1 nursing clinical** \_\_\_ **YES**

**Financial Need** How many people live in your place of residence besides yourself? \_\_\_\_\_  
Identify the relationship of these persons to you \_\_\_\_\_  
\_\_\_\_\_

**Approximate Annual Gross Family Income** \_\_\_\_\_

**Current Financial Aid** (Attach separate sheet if necessary)

Source \_\_\_\_\_ Amount/year \_\_\_\_\_  
Source \_\_\_\_\_ Amount/year \_\_\_\_\_

**Educational Background** Include all post secondary higher education. Attach a separate sheet, if necessary.

(Institution) \_\_\_\_\_ (Major field of study/degree) \_\_\_\_\_ (Dates attended) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular and Professional Activities** Include honors/awards, athletics, clubs, organizations, committees, offices held, publications, community/volunteer, certifications. Attach separate sheet, if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History** Include for the past 5 years. Attach separate sheet, if necessary.

(Employer) \_\_\_\_\_ (Nature of work) \_\_\_\_\_ (Dates worked) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you become aware of this Scholarship program?** \_\_\_\_\_

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

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

See "Instruction for Completing an Application" on the Scholarship Information and Guidelines Sheet for details on completing the application process. Incomplete and late applications will not be considered for a Scholarship. Approved 11/16/05 revised 10/06,9/07

# InterAct for Change Scholarships APPLICATION FORM

Place an "x" on the line below next to the scholarship for which you are applying.

\_\_\_\_\_ **LAURA ROSNAGLE SCHOLARSHIP:** For registered nurses enrolled in an accredited **RN to BSN or MSN Completion program**

\_\_\_\_\_ **IDA W. CASEY SCHOLARSHIP:** For registered nurses enrolled in an accredited **graduate program in nursing**

Applicant Qualification: \_\_\_ I live within 65 miles of Fifth & Vine 45202 ( **Enter distance** \_\_\_\_\_ ) and /or \_\_\_ I am enrolled in an a accredited **RN to BSN completion or graduate program located** within 65 miles of Fifth & Vine 45202.

(Last name) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Maiden) \_\_\_\_\_

**Complete Address** \_\_\_\_\_  
\_\_\_\_\_

**Phones** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ **Email** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**University/College Attending** \_\_\_\_\_ (Specialty for Casey Award only)

Date first enrolled for degree \_\_\_\_\_ Date graduation planned \_\_\_\_\_

**RN License: Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Financial Need** How many people live in your place of residence besides yourself? \_\_\_\_\_  
Identify the relationship of these persons to you \_\_\_\_\_  
\_\_\_\_\_

**Approximate Annual Gross Family Income** \_\_\_\_\_

**Current Financial Aid** (Attach separate sheet if necessary)

Source \_\_\_\_\_ Amount/year \_\_\_\_\_

Source \_\_\_\_\_ Amount/year \_\_\_\_\_

**Educational Background** Include all post secondary higher education including basic nursing program for RNs. Attach separate sheet, if necessary.

(Institution) \_\_\_\_\_ (Major field of study/degree) \_\_\_\_\_ (Dates attended) \_\_\_\_\_

**Extracurricular and Professional Activities** Include honors/awards, athletics, clubs, organizations, committees, offices held, publications, community/volunteer, certifications. Attach separate sheet, if necessary

**Employment History** Include for the past 5 years. Attach separate sheet, if necessary.

(Employer) \_\_\_\_\_ (Nature of work) \_\_\_\_\_ (Dates worked) \_\_\_\_\_

**How did you become aware of this Scholarship program?** \_\_\_\_\_

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Recommendation for Scholarship Award

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.** Poor Outstanding  
1 2 3 4 5 6

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 on 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 # \_\_\_\_\_