

InterAct for Change Scholarships

Information and Guidelines

IDA W. CASEY SCHOLARSHIP (\$2,000):	For registered nurses matriculated in an accredited not-for-profit graduate program in nursing
ANNA DRAKE SCHOLARSHIP (\$2,000):	For individuals enrolled in an accredited not-for-profit ASN or BSN basic nursing program
LAURA ROSNAGLE SCHOLARSHIP (\$2,000):	For registered nurses enrolled in an accredited not-for-profit RN to BSN or RN to MSN completion program , and for individuals with non-nursing BA or BS degrees enrolled in an accredited program awarding an MSN degree .
ROSE HOOK SCHOLARSHIP (\$2,000):	For individuals residing in Northern Kentucky and/or enrolled in an accredited not-for-profit ASN, BSN, or graduate nursing program there

Purpose of Scholarships: To provide financial assistance to students currently enrolled in nursing. 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.

CRITERIA for Submitting an Application

Be enrolled in courses in the type of program appropriate to the scholarship for which you are applying.

Reside in, or attend a program located within a 65 mile radius of Cincinnati.

Demonstrate compassionate patient or client care, a good academic record (**minimum 3.00 Cumulative GPA**), and positive leadership abilities.

If applying for a nursing scholarship, have **completed with a grade of at least 3.0 (B) at least one clinical nursing course** in academic career.

Exhibit financial need.

Participate in extracurricular, professional and/or community activities.

If applying for the **Anna Drake Scholarship**, must have completed a nursing clinical with a grade of 3.0 (B).

If applying for the **Ida Casey Scholarship**, hold an active license as a Registered Nurse and be matriculated in an accredited graduate program in nursing.

If applying for the **Rose Hook Scholarship**, live in or be enrolled in an accredited nursing program in **Northern Kentucky**.

If applying for the **Laura Rosnagle Scholarship**, hold an active license as a Registered Nurse or a bachelor's degree in another area and be enrolled in an accredited graduate nursing program.

INSTRUCTIONS for Completing an Application - USE THE FOLLOWING AS A CHECK LIST:

1. **Application Form:** Complete the **attached application form** being sure to **check the name of the scholarship** for which you are applying and **verify you meet the applicant qualifications**.

2. **Essay: A typed essay** addressing **all three** of the following topics: your experiences in your program and what you have learned from these experiences, your educational and professional goals and how you plan to achieve them, and how receiving a scholarship will help you achieve those goals. **Limit** essay to no more than **250 words**.

3. **Transcripts:** Official academic transcripts from your current program and any other post-secondary education. **Transcripts must be mailed by the School's Registrar's Office and NOT by you, and arrive at InterAct for Change by the application deadline, January 31, 2019.**

4. **Enrollment:** A current letter *from the Dean or Chair of your program* validating your enrollment status, your Cumulative Grade Point Average, and your expected date of graduation.

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 envelope with your name on it by the date you provide.

All materials should be mailed to:

Scholarship Committee, InterAct for Change, 3805 Edwards Road, Suite 500, Cincinnati, OH 45209-1948

Postmarked no later than January 31, 2019.

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

InterAct for Change Scholarships

APPLICATION FORM

Place an "x" on the line below next to the scholarships for which you are applying:

IDA W. CASEY SCHOLARSHIP:

For registered nurses matriculated in an accredited **graduate program in nursing**

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**, and for **individuals with non-nursing BA or BS degrees** enrolled in an accredited **program awarding an MSN degree**.

ROSE HOOK SCHOLARSHIP:

For individuals residing in **Northern Kentucky** and/or enrolled in an accredited **ASN, BSN, or graduate nursing program** there

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

NAME: _____
(Last name) (First) (Initial) (Maiden)

Complete Address _____

Phones (Home) _____ (Work) _____ (Cell) _____

Email address _____

Student ID # _____ Date of Birth _____

University/College Attending _____ Cumulative GPA _____

Date first enrolled for degree _____ Date graduation planned _____

Individual Scholarship Requirements:

Anna Drake: Completed Nursing Clinical (course title): _____ Grade: _____

Ida Casey Scholarship:

RN License: Number _____ State _____

Number _____ State _____

Laura Rosnagle Scholarship:

RN License: Number _____ State _____

Number _____ State _____

or

BA/BS Degree: College/University _____

Concentration _____

Completed Nursing Clinical (course title): _____ Grade: _____

Rose Hook: I live or attend a nursing program in Northern Kentucky within 65 miles of Fifth and Vine 45202. Yes No

Completed Nursing Clinical (course title): _____ Grade _____

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)

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

Which, if any, professional or student nursing organizations do you belong to? _____

Employment History - include the past 5 years. Attach separate sheet, if necessary.

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

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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 scholarships.

All materials should be mailed to:

Scholarship Committee, InterAct for Change, 3805 Edwards Road, Suite 500, Cincinnati, OH 45209-1948

By: Postmarked no later than January 31, 2019.