



INTERACT  
FOR HEALTH

Your trusted source of health information

## InterAct for Change Nursing Scholarship

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### *Personal Information*

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#### **Annual Household Income\***

What is your annual household income?

##### **Choices**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

#### **Number of People in Household\***

How many people live in your place of residence besides yourself?

*Character Limit: 2*

#### **Relationships to Others in Current Household\***

What are their relationships to you?

*Character Limit: 250*

#### **How did you hear about the scholarship program?\***

##### **Choices**

- Internet search
- Posting at school
- School faculty member
- Interact for Health Health Watch newsletter
- Other

### *School Information*

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#### **School\***

What school are you attending?

*Character Limit: 50*

## School Location

Provide the city and state of the school you are attending.

*Character Limit: 250*

## Student ID\*

*Character Limit: 25*

## First Date of Enrollment\*

*Character Limit: 10*

## Expected Graduation Date\*

*Character Limit: 10*

## Cumulative Grade Point Average\*

*Character Limit: 20*

## Official Transcripts\*

Official academic transcripts from your current program and any other post-secondary education are required. Transcripts must be received from the School's Registrar's Office and NOT by you, and arrive at InterAct for Change by the application deadline, **Mar. 31, 2021, 5 p.m.**

Mailing Address:

Scholarship Committee

InterAct for Change

3805 Edwards Road, Suite 500

Cincinnati, OH 45209

Email: [kschultz@interactforhealth.org](mailto:kschultz@interactforhealth.org)

Please note below how we should expect the transcript to arrive.

## Choices

Mail

Email

## Educational Background\*

Tell us about your educational background. Include honors / awards, athletics, clubs, organizations, committees, offices held, publications, community / volunteer, certifications.

*Character Limit: 3000*

## Degree other than Nursing

Do you have a post-secondary degree in a subject other than nursing? If so, list below with your concentration and major.

*Character Limit: 300*

## Verification of Enrollment Instructions

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### Verification of Enrollment

The Dean or Chair of your program must validate your enrollment status, your Cumulative Grade Point Average, and your expected date of graduation.

Instructions:

1. Please use the Sample Email language below to compose an email to the Dean or Chair of your program. Highlight and copy the text now.
2. Enter the email address of your reference in the field "Compose Email."
3. Select "Compose Email."
4. Enter a Subject. We suggest "InterAct for Change Nursing Scholarship Application Verification of Enrollment."
5. Paste the email in the "Compose Email" box.
6. Send

### Sample Email

*I am applying for a nursing scholarship at InterAct for Change. The application requires verification of my enrollment in my nursing program. A link to the verification form will be sent in a separate email, so please add 'administrator@grantinterface.com' to your safe senders list. The verification of enrollment is due by **Apr. 7, 2021**.*

You may personalize this email.

## Verification of Enrollment

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### Third Party Email\*

*Character Limit: 254*

## Nursing

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### Nursing Organizations

Which, if any, professional or student nursing organization(s) do you belong to?

*Character Limit: 250*

### RN License\*

Do you have an RN license?

#### Choices

Yes

No

## *RN License*

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### **RN License Number\***

Provide your license number.

*Character Limit: 15*

### **RN License State\***

From what state is your RN license issued?

*Character Limit: 25*

## *Nursing Clinical*

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### **Nursing Clinical Grade\***

#### **Choices**

A+

A

A-

B+

B

B-

C or below

## *Work History*

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### **Are you currently employed?\***

#### **Choices**

Yes

No

I have never been employed

## *Current Employer*

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### **Name of Current Employer\***

*Character Limit: 250*

### **Dates of Current Employment\***

Provide the dates you've worked for this employer.

*Character Limit: 250*

### **Nature of Current Employment\***

Provide information on the nature of your work.

*Character Limit: 3000*

## *Most Recent Employer*

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### **Name of Most Recent Employer\***

*Character Limit: 250*

### **Dates of Most Recent Employment\***

*Character Limit: 25*

### **Nature of Most Recent Employment\***

*Character Limit: 3000*

## *Other Work and Volunteer History*

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### **Other Work History Information**

Please tell us anything else relevant to your personal work history in health care.

*Character Limit: 5000*

### **Volunteer History**

Provide information about your current and previous volunteer activities.

*Character Limit: 3000*

## *Essay*

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### **Personal Essay**

Write a short essay that addresses 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 this scholarship will help you achieve these goals.

*Character Limit: 3000*

## *Recommendation Instructions*

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### **Recommendations**

**Three** (3) recommendations are required from individuals who can evaluate your performance with respect to your compassion as a caregiver, leadership skills and academic ability. At least **one** recommendation must be provided from a current nursing instructor *or* supervisor from health-related employment.

Instructions:

1. Please use the Sample Email language below to compose an email to your personal reference. Highlight and copy the text now.
2. Enter the email address of your reference in the field "Compose Email."
3. Select "Compose Email."
4. Enter a Subject. We suggest "InterAct for Change Nursing Scholarship Application Recommendation Request."
5. Paste the email in the "Compose Email" box.
6. Send

### Sample Email

*I am applying for a nursing scholarship at InterAct for Change. The application requires a letter of recommendation regarding my achievements and personal characteristics. A link to the recommendation form will be sent in a separate email, so please add 'administrator@grantinterface.com' to your safe senders list. The recommendation is due **Apr. 7, 2021**.*

You may personalize this email.

### Reference 1

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#### Third Party Email\*

Character Limit: 254

### Reference 2

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#### Third Party Email\*

Character Limit: 254

### Reference 3

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#### Third Party Email\*

Character Limit: 254