

Scholarship Applications

Open: Monday June 19, 2025 Deadline: Saturday August 16, 2025

SCHOLARSHIPS WILL BE PRESENTED AT THE 2025 NAHN-ILLINOIS ANNUAL SCHOLARSHIP AWARDS EVENT OCTOBER 18, 2025

Scholarship awards are presented to NAHN-Illinois members enrolled in accredited nursing programs. The selection of recipients is based on current membership activity, academic standing in school, and specific criteria listed below. Scholarship recipients are paid, active members of the National Association of Hispanic Nurses Association (NAHN) and NAHN-Illinois who demonstrate a promise of professional contributions to the nursing profession and who have the potential to act as role models for aspiring nursing students. The number of scholarships offered each year is dependent upon the amount in the scholarship fund.

Criteria for the Scholarship Awards include:

- NAHN-Illinois scholarship application form completed by the student and submitted by the deadline date.
- Two (2) Letters of Recommendation outlining the applicant's academic/clinical excellence and potential future professional contributions to the nursing profession.
- A 400-word essay (using Times New Roman 12 font), written by the student answering
 the question: In today's current environment, describe what being a NAHN Illinois
 member means to you and speak about your personal goals in pursing higher
 education. Please clearly document your community engagement activities with
 NAHN.
- A resume, which includes any earned certificates, awards, volunteer community service, and or special honors.

- An <u>official</u> transcript from the applicant's <u>current</u> Nursing Program showing a minimum GPA of 3.0.
- Must be an active-paid NAHN-Illinois member for at least THREE (3) months before the application deadline.
- Scholarship recipients must agree to remain an active member and sign the commitment statement below.
- Awardees may reapply and receive a maximum of 2 scholarships with NAHN Illinois.

SCHOLARSHIP APPLICATION SUBMISSION

ALL SCHOLARSHIP APPLICATION PACKETS MUST BE SUBMITTED ELECTRONICALLY TO THE EMAIL BELOW

BY August 16, 2025

Submit all documents in one email to: Scholarship.NAHN@gmail.com. The subject line should include the applicant's "last name" and "scholarship application" (i.e..Garcia Scholarship Application). Signed letters of Recommendation will be submitted via email to **Scholarship.NAHN@gmail.com** as a PDF file directly to the scholarship email. They should include the applicant's full name on the letter and subject line.

SECTION I – PERSONAL DATA

Name:	Date:		
Mailing Address:			
Mobile Phone:	Email:		
Only NAHN-Illinois members	qualify when did you join as a member?		
Month/Date/Year			
•	llinois scholarship in the past? Yes, No If "Yes," Year(s) received:		
Nursing program enrolled in	SECTION II – EDUCATION LPN-ADN-BSN-MSN-DNP-PhD		
Name of Nursing School:			
School Address:			

City:	State:	Zip:	
Anticipated Date of Graduati	ion (Month/Yea	nr):	
Current Grade Point Average	e (GPA):		
National Association of Hisporoluntary and non-profit head Hispanic nurse individuals the professional development, and	lthcare organiz rough the pron	ation, dedicated to e notion of academic d	nriching the lives of attainment, mentorship,
S	Statement of C	ommitment to Volu	nteer
As a NAHN-Illinois scholars	ship recipient, I	,	, commit to volunteering in
at least three (3) NAHN-Illin	ois events with	in one year following	g receipt of the scholarship.
Signature:		Date:	