

# Kentucky Nurses Foundation Scholarship Application Form

<b>Name</b> _____
<b>Address</b> _____ _____
<b>Home Telephone #</b> _____ <b>Daytime #</b> _____
<b>Email Address</b> _____

<b>Nursing Program Information</b>
<b>School Name</b> _____
<b>Program of Nursing Chair</b> _____
<b>School Address</b> _____ _____
<b>School Telephone #</b> _____
<b>Type of Nursing Program</b> <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate <input type="checkbox"/> MSN <input type="checkbox"/> DNP/ PhD <input type="checkbox"/> Other _____
<b>Date of Enrollment in the Nursing Program</b> _____
<b>Expected Date of Completion</b> _____ <b>GPA</b> _____

<b><u>Certification and Release of Information</u></b>
I affirm that the information provided is complete, accurate, and true to the best of my knowledge. I authorize school officials to release the requested academic information to the Kentucky Nurses Foundation for the purpose of determining scholarship eligibility.
<b>Applicant's Signature</b> _____ <b>Date</b> _____

# **Kentucky Nurses Foundation (KNF) Scholarship Application Criteria and Process**

## **Scholarship Application Criteria**

**To be eligible for a KNF Scholarship, an applicant enrolled in a pre-licensure program, must have successfully completed 1 semester of nursing coursework.**

**To be eligible for a KNF Scholarship, an applicant enrolled in a post-licensure program (MSN, NP, DNP etc.) must show evidence of acceptance in the program of advance study.**

## **Scholarship Application Process and Timeline**

- 1) Complete the application cover form.**
- 2) Application form and accompanying information to the Kentucky Nurses Foundation Research and Scholarship Committee must be postmarked by September 1, of the current year. Applications postmarked after that date will not be considered by the review committee.**
- 3) The accompanying information must include:**
  - A one page written description of why you are applying, and what receiving the KNF Scholarship would mean to you.**
  - Letters of support of the application by two (2) members of the program of nursing faculty**
  - A signed/dated agreement statement that commits the scholarship recipient to participate in 1 of 2 options for informing individuals /groups about the KNF Scholarship program for one year following scholarship award date.**
  - The KNF Scholarship Awards will be presented to the recipients during the Kentucky Nurses Association Education Summit. The recipients and the program of nursing chairpersons will be notified in advance in order to arrange for attendance at the awards ceremony.**
- 4) Mail the completed application and attachments to:**

**The Kentucky Nurses Foundation Research and Scholarship Committee  
305 Townepark Circle, Ste 100  
Louisville, KY 40201-2616**

## **KNF Scholarship Award Communication Agreement**

(Circle the option of your choice)

1. Submission of an article for publication in the *Kentucky Nurse*. This article can be a 100 – 200 word essay on why you chose nursing as your career choice or, your opinion about some aspect of nursing practice or health care.
2. Preparation of a poster session for display at either a KNA District / Chapter meeting or, the Kentucky Nursing Semi-annual Meeting or Education Summit. The poster presentation may be done in PowerPoint format.

I affirm that if I am a selected recipient of a Kentucky Nurses Foundation Scholarship, I will participate in the process of informing others about the scholarship program and process by completing the option I have circled above before October 30, of current year.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_