Kansas Nurses Foundation

Candidate Criteria & Eligibility Information when applying for a KNF Nursing Scholarship Please read completely before beginning application. The submission deadline is April 30.

GENERAL CRITERIA

- Students in Associate Degree Programs will be considered for scholarships ***after*** they have been accepted for the Associate Nursing Degree with eligibility for RN licensure.
- The Scholarship Committee will consider the following priorities in making selection recommendations to the KNF Board of Trustees: A) RNs pursuing BSNs, B) Graduate and postgraduate nursing study, C) Students enrolled in undergraduate registered nursing programs.
- To be considered, an applicant must be enrolled ***in at least six credit hours per semester, if undergraduate,*** of a nursing program that is nationally accredited (ACEN, CCNE, COA); or ***in at least three credit hours for graduate*** nursing program that is nationally accredited (ACEN, CCNE, COA). Preference will be given to applicants engaged in full-time study. Information for national accreditation can be found through the nursing program, the school catalog and/or their website.
- Applicant must be a ***Kansas resident*** and a ***United States citizen.***
- The applicant must ***have a cumulative GPA equivalent to a 3.0 or higher*** on ***a 4.0 scale.***
- The applicant must submit ***a personal narrative statement describing their anticipated future role in nursing.*** This will be evaluated by the Scholarship Committee.
- The applicant must submit ***two original letters of recommendation*** on ***organizational letterhead.*** These should be from a faculty advisor, an employer, or supervisor, and be addressed to the KNF Scholarship Committee.

The applicant is required to submit the following with the completed application form (two-page form), addressed to the attention of the KNF Scholarship Committee in one packet, if possible.

ENCLOSURES REQUIRED FOR ELIGIBILITY (MUST BE ENCLOSED WITH YOUR APPLICATION)

- **Official Transcripts of Grades** from ALL colleges/universities, attended or attending, must be included with application. *Note: official means the transcript must be an original document sent directly from the school registrar and/or admissions office to you in a separate, sealed envelope that you do not open. May be sent electronically.*
- **Two (2) Confidential Letters of Recommendation** are required. One must be from a faculty advisor and one from an employer, supervisor, or community leader. At least one letter should reflect the applicant's commitment to nursing. *All must be in original form, must be signed, placed in a sealed envelope, and addressed to the KNF Scholarship Committee.*
- **A Personal Narrative statement** *written by the applicant describing their anticipated future role in nursing upon completion of studies.*
- **A Letter of Verification From The Applicant's Nursing School** of their acceptance into the school's program *with information about the school's national accreditation* by ACEN, CCNE, or COA, if a nurse anesthesia
- program. Note: students in Associate Degree Programs are eligible, after acceptance by the school to continue for the Associate Degree with RN Licensure.
- **If submitted by mail,** all must be in original form, on letterhead, must be signed, placed in a sealed envelope and addressed to the KNF Scholarship Committee. **If sent electronically,** need to send all in original form, on letterhead with attachments scanned in, and sent in one email to kansasnursesfoundation@gmail.com.

Mailing Address: Kansas Nurses Foundation Scholarship Committee, P.O. Box 5991 Topeka, KS 66605.
Questions: kansasnursesfoundation@gmail.com

Kansas Nurses Foundation Scholarship Application Form

Please provide the following information (print clearly or type)

PERSONAL DATA

Full name: _____

(Last) (First) (Middle Initial)

Permanent Address:

_____

(Street) (City) (State) (Zip)

Present Address (if different from above):

_____

(Street) (City) (State) (Zip)

Home phone: (____)_____ Work phone: (___)_____ Cell Phone: (____)_____

Permanent email address**:** _____

Alternate email address**:** _____

In what Kansas county is your permanent residence? _____

Nursing License Number (if applicable) _____

Are you a United States Citizen and a Kansas Resident? (circle one) YES NO

Circle the letter corresponding to the type of degree you are pursuing:

A. RN pursuing BSN
B. Graduate or post-graduate nursing degree
C. Student (not an RN) enrolled in an undergraduate nursing program

Answer each question below, circling your response on the right:

1. Have you received a KNF Scholarship previously? If yes, what year? _____ NO
2. What type of scholarship are you applying for? New Renewal
3. Are you a member of the Kansas State Nurses Association? YES NO
4. Are you a member of the Kansas Association of Nursing Students? YES NO

Kansas Nurses Foundation Scholarship Application Form

List all colleges and universities attended, including current (add page, if needed):

Name of School and City	Dates Attended	Degree Received
1.		
2.		
3.		
4.		
5.		

Indicate the School of Nursing and its address to which you would apply a KNF Scholarship:

_____

Starting Date: _____ Expected Graduation Date: _____

Number of hours enrolled in for the coming fall semester: _____

Where did you obtain your information about KNF and its scholarship program?

_____

AGREEMENT & TERMS OF KNF SCHOLARSHIP APPLICANTS

I understand that, if not selected for an Endowed or Managed Award, all qualified applicants will be considered for a General KNF scholarship award.

I agree to provide written documentation to KNF of my progress and GPA each semester upon request.

The undersigned applicant agrees that if this application is accepted and an award made, the applicant will be bound by the terms and conditions of the award, which include public disclosure of the award, including my name, school attending, and the scholarship award. The applicant certifies that the above statements are true and correct and are given for the purpose of obtaining a KNF scholarship. The Kansas Nurses Foundation is authorized to verify the statements contained herein and all information contained on this application will be held in confidence.

_____ _____

Applicant's Signature Date

FINAL REMINDER. Be sure that all of the enclosures are in your envelope before sealing and mailing (or attachments before sending electronically) this application to KNF. This application MUST be postmarked by the end of the day on April 30. **Send to the KNF Scholarship Committee, P.O. Box 5991 Topeka, KS 66605 Questions: kansasnursesfoundation@gmail.com**