CRITERIA AND PURPOSE OF THE NURSING SCHOLARSHIP AWARD

I. PURPOSE

The purpose of the Scholarship Award is to encourage and support members and potential members of the Alpha Omega Chapter who demonstrate leadership and scholarship.

II. THE SCHOLARSHIP FUND

Each year, depending upon the availability of funds, the Alpha Omega Chapter will award scholarship funds for Baccalaureate, Masters, and Doctoral students. The amount of the awards will be determined by the Board of Directors and is not to exceed $1,000 per award.

III. SCHOLARSHIP COMMITTEE

The Scholarship Committee consists of a chairperson and other members as designated by the Board of Directors. The committee receives and evaluates applications and makes recommendations to the Board of Directors for award approval. Presentation of awards will be made at the Induction Ceremony.

IV. AWARD CRITERIA AND ELIGIBILITY

Baccalaureate Students (Generic, Accelerated and RN)

1. Must be enrolled in Adelphi University, College of Nursing & Public Health, on a full or part-time basis.
3. Must have completed one half of the required nursing course if an RN Student.
4. Must have attained an overall grade point average of 3.5.
5. Must be able to demonstrate involvement in activities within the College of Nursing & Public Health and/or the University or community and overall leadership activities.

Masters Students

1. Must be a member of the Alpha Omega Chapter.
2. Must be enrolled in an accredited Master’s program on a full or part-time basis.
3. Must have completed at least one-half of the required nursing courses.
4. Must have a grade point average of 3.5.
5. Must demonstrate accomplishment and leadership in professional and community activities.
Doctoral Students
1. Must be a member of the Alpha Omega Chapter.
2. Must be enrolled in a Doctoral program in Nursing.
3. Must have completed at least 18 doctoral credits.
4. Must demonstrate accomplishment and leadership in professional activities.

V. APPLICATION GUIDELINES

INSTRUCTIONS FOR APPLICANTS
1. Applicants are responsible for submitting a complete application packet. Incomplete packets will not be considered.

   All Applicants Must Complete the Following:
   a. A completed application form (see attached).
   b. An OFFICIAL school transcript is required.
   c. A typewritten statement (not to exceed 2 pages), in narrative form, is to include professional and/or community activities within the past three years. Specify the type of activity, participation, (e.g. elected or voluntary, committee member or individual participant), specify tasks, projects, roles, outcomes and goals accomplished.
   d. Current Resume/Curriculum Vitae. (limit 2 pages)
   e. Two letters of recommendation documenting contributions to professional, community, and/or scholarly activities.

2. All materials are due no later than Wednesday April 27th and are to be sent to the chair of the Scholarship Committee. All packets must be dropped off at the Adelphi University College of Nursing & Public Health Main Office, located in Alumnae Hall Room 222.

3. Award recipients will be notified by APRIL 28 2016.

4. Award recipients must be available on MAY 1, 2016 to receive the award. The presentation of the Scholarship will be at the Induction Ceremony on May 1, 2016.

Deborah Ambrosio Mawhirter
Chairperson,
Scholarship Committee
Sigma Theta Tau
Adelphi University
Garden City, NY 11530
NURSING SCHOLARSHIP AWARD APPLICATION

Please print or type

NAME

PRESENT ADDRESS

HOME PHONE  BUSINESS PHONE
CELL PHONE   E-MAIL

STUDENT STATUS (CHECK ONE)

Baccalaureate: Generic/Transfer_____________RN_____________.
Masters_____________    Doctoral_____________

I GIVE PERMISSION FOR THE SCHOLARSHIP COMMITTEE TO VIEW MY RECORDS
SIGNED; ________________________________

Masters and Doctoral Students:
   a. Date of induction or transfer to Alpha Omega Chapter____________

   b. Are you currently a dues-paying member?_______________________

   c. Please forward an official undergraduate and graduate transcript to the Scholarship Committee.

HAVE YOU EVER RECEIVED AN AWARD FROM ALPHA OMEGA?________________________

If yes, please specify type, date and amount________________________________________