



**PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN HOUSTON
PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN HOUSTON
FOUNDATION, INC.**

2019 NURSING SCHOLARSHIP AWARD

The **PNAMH Nursing Scholarship Award** is a program established to support deserving Filipino-American Nursing students to assist in the pursuit of their career. The organization will award a one-time scholarship fund of ***up to \$1,000.00 and a 1-year FREE membership to the Pnamh (undergraduates only)*** per recipient upon meeting established criteria, merits, and all **ELIGIBILITY GUIDELINES as stated below:**

- Must be currently enrolled in an accredited nursing program leading to a Bachelor of Science in Nursing or Post- Graduate Nurse enrolled in a Master's or Doctoral degree in Healthcare.
- Has a minimum GPA of 3.5
- Actively involved in community service.
- Involved in school activities in a leadership capacity.
- **Incomplete applications will be disqualified.**

All applications are handled by the Scholarship and Awards Committee.

Scholarship recipients will be honored at the Pnamh Awards Ceremony on ***May 4, 2019 (Saturday)***.

PNAMH 2019 Scholarship Application Form

Application forms can be downloaded from the website: www.pnamh.com under Scholarship and Awards Forms.

All completed forms and required supporting documents must be submitted on or before April 5, 2019 (Friday) to *Shela Ecobiza*, Chair of the Scholarship and OFN Committee by postal mail at:

The PNAMH Scholarship and Awards Committee

Attn: Shela Ecobiza

10138 Woodwind Drive

Houston, TX. 77025

Mailed application must be organized in a binder.

REQUIREMENTS

1. Completed application form
2. Résumé
3. Two letters of reference from a faculty and any community leader or the president of a professional and/or civic organization
4. Academic transcript of records
5. An essay on the following topics:
 - A. Significant contribution to Nursing
 - B. Career Goals
 - C. Impact of the Scholarship award on your Nursing career
 - D. Community Service involvement within the last 5 years

SCHOLARSHIPAPPLICATION FORM

Date of Application: _____

Name: _____

Place of Birth: _____

Address: _____

Email address: _____

Telephone # (H) _____ Cell# _____

School/College of Nursing: _____

Degree: BSN _____ Junior _____ Senior _____

Master's Program: Specify: _____ Doctoral Program: Specify _____

The following questions must be completed accurately (*at least 200 words per topic*)

A. Describe your significant contributions to Nursing (20%)

B. Discuss your career goals

(30%)

C. How will this Scholarship impact your nursing career (30%)

D. Describe your community involvement

(20%)

COMMUNITY SERVICE VERIFICATION FORM

Activity: _____

Date: _____

Sponsoring organization: _____

I verify that the above applicant has participated in this community activity.

President/Program Chairperson

Activity: _____

Date: _____

Sponsoring organization: _____

I verify that the above applicant has participated in this community activity.

President/Program Chairperson

Activity: _____

Date: _____

Sponsoring organization: _____

I verify that the above applicant has participated in this community activity.

President/Program Chairperson

LEADERSHIP VERIFICATION FORM

Role: _____

Activity: _____

Date: _____

Sponsoring organization: _____

I verify that the above applicant has participated in this community activity.

President/Program Chairperson

Role: _____

Activity: _____

Date: _____

Sponsoring organization: _____

I verify that the above applicant has participated in this community activity.

President/Program Chairperson

Role: _____

Activity: _____

Date: _____

Sponsoring organization: _____

I verify that the above applicant has participated in this community activity.

President/Program Chairperson

PNAMH 2019 Scholarship Application Form

I attest that all information provided is true and accurate to the best of my knowledge and will give permission for these facts to be verified and or used for publication. I give the authorization for Pnamh to post my picture as deemed necessary to the conduct and business of the Scholarship and OFN committee.

*I agree to attend the awards ceremony on **May 4, 2019**.*

Applicant's Signature: _____

Please check to make sure the application is complete:

- Completed application form
- Transcript of records
- Community service verification form
- Two letters of reference (one from a **College / School Faculty** and one from any community leader or from the president of a professional and/or civic organization)
- 2x2 photograph
- Résumé