



**PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN HOUSTON and
PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN HOUSTON
FOUNDATION**

2020 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 nursing career. The organization will award a one-time scholarship fund of **up to \$1,000.00** 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 3.0 or better.
- Actively involved in community service.
- Involved in school activities in a leadership capacity.
- Must be a member of Pnamh
 - a. Undergraduate students by February 15, 2020.
 - b. Post graduate students must have a minimum of one (1) year by February 15, 2020.

Incomplete applications will be disqualified

All applications are handled by the Scholarship and Awards Committee.

Scholarship recipients will be honored and **must** be present during the Awards Ceremony on May **9, 2020 (Saturday)**.

PNAMH 2020 Scholarship Application Form

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

The application must be typewritten and organized in a binder based on the required criteria with supporting documents. It can be:

- 1. Emailed** to Shela Ecobiza @see.lilsis@gmail.com, **or**
- 2. Mailed** to PNAMEH Scholarship and Awards Committee
Attn: Shela Ecobiza, RN
10138 Woodwind Drive
Houston, TX 77025

All applications must be received on or before Monday, February 24, 2020.

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. Briefly describe 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: _____

Contact Information: Mobile #: _____ Email address: _____

School/College of Nursing: _____

Degree Pursuing: BSN _____ Master's Program: Specify: _____

Doctoral Program: Specify _____

Briefly describe the following questions: (*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: _____

Role: _____

Activity: _____

Date: _____

Sponsoring organization: _____

Role: _____

Activity: _____

Date: _____

Sponsoring organization: _____

Role: _____

Activity: _____

Date: _____

Sponsoring organization: _____

Role: _____

Activity: _____

Date: _____

Sponsoring organization: _____

PNAMH 2020 Scholarship Application Form

I attest that all information provided is true and accurate to the best of my knowledge. I, _____ authorize PNAMH to use my picture and any information in my application for the upcoming Scholarship and OFN Awards Ceremony.

*I agree that **I must attend** the awards ceremony on **May 9, 2020**.*

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
 - one from any community leader or from the president of a professional and/or civic organization
- ☐ 2x2 photograph
- ☐ Résumé