Minority Student Nurse Scholarships

Chi Eta Phi Nursing Sorority, Inc. is a national sorority of more than 8000 registered professional nurses and nursing students who operate under the motto, “Service for Humanity”. One of the objectives of the organization is to develop a corps of nursing leaders. To achieve this objective the organization provides annual scholarships and assigns mentors to qualifying undergraduate nursing students. Gamma Chi Chapter established the Bellamy, Rowser, Binns Chi Fellows Award to honor three members within our chapter who embody leadership. Recipients of the award are recognized at our annual Nurse Week Luncheon, May 3, 2014. Funds from this award will be dispersed Fall 2014 and may be used for tuition, student fees, books, and living expenses.

Criteria:

1. Enrolled in an undergraduate program at an accredited school of nursing
2. Status as a junior or senior with at least two semesters remaining until graduation
3. Average GPA of 2.5 or higher
4. *Minority status

Application Procedure:

1. Complete the application form
2. Attach a recent passport size photo of yourself to the application
3. Include a recent official transcript (sealed by the registrar’s office)
4. Include financial data (ex. copy of FAFSA and/or account summary) from your respective school or college of nursing
5. Submit an essay (at least 1-page) describing why you want to be a nurse
6. Have two individuals (one must be an instructor from your school and the other cannot be a relative) complete the evaluation forms and mail them directly to the scholarship committee at the address provided

Application Deadline: February 21, 2014

Please submit your application and supporting documents to:

Gamma Chi Chapter, Chi Eta Phi Sorority, Inc.
Attn: Scholarship Committee
GNA Headquarters
3032 Briarcliff Road
Atlanta, Georgia 30329-2655

For questions about the scholarship email daycock@gsu.edu

*Minority is defined as African-American, Asian, Pacific Islander, African (naturalized), American Indian, and Hispanic
Chi Eta Phi Sorority, Inc., Gamma Chi Chapter
A Professional Nursing Organization

APPLICATION FOR
BELLAMY, ROWSER, BINNS, CHI FELLOWS AWARD

Minority Student Nurse Scholarship Application
SORORITY MOTTO: SERVICE FOR HUMANITY

Eligibility Criteria: (Check One)

……..African American ……..American Indian ……African (Naturalized) ……Hispanic ……Asian/Pacific Islander

I. APPLICANT

A. Name ........................................................................................................ SS# ........................................
   (First) (MI) (LAST)

B. Address ..................................................................................................................
   City ........................................... State ....................... Zip Code .................................
   Home Phone#............................... Cell Phone#..............................................
   Email Address:.................................. .................................................................

1. Do you live on campus? Yes...... No...... If yes, Name of Dorm.
   ..........................................................................................................................

2. If no, with whom do you live? ..............................................................................
   ..........................................................................................................................

C. Date of Birth ......................... Place of Birth ......................................................

D. Check one: ……..Single ……..Married …….Divorced ……..Widowed ……..Separated

E. Are you a citizen of the United States? …….Yes …….No

F. If no, are you a permanent resident of the United States? ……. Yes …….No
   Please describe your circumstances ...........................................................................
   ..........................................................................................................................
   ..........................................................................................................................

II. CHARACTER REFERENCES (Provide the names and addresses of two persons (cannot be a relative) who will submit your character references. Give them the enclosed reference form with instructions to submit as noted on the form.)

A. .............................................................................................................................
   (Name) (Address) (Relationship)

B. .............................................................................................................................
   (Name) (Address) (Relationship)
III: FAMILY INFORMATION

A. Father
   (Name)  (Address)  (Occupation)

B. Mother
   (Name)  (Address)  (Occupation)

C. Spouse
   (Name)  (Address)  (Occupation)

D. Number of siblings dependent on parents: ....... Number of children dependent on you and/or spouse: .......

IV. EDUCATION

A. High School
   Address
   High School Scholastic Average/GPA
   Name and Address of the college in which you are enrolled and/or attending:

B. Prior Education
   Name of College/University
   Address
   Year(s) of Attendance
   Degree/Diploma

C. Current Educational Status: ....... Junior ....... Senior
   Projected graduation date

V. EMPLOYMENT STATUS

A. Are you currently employed? ....... Yes ....... No  If yes: ....... Full Time ....... Part Time

B. Where? (List Place and Address)

C. Type of Work/Job Title

D. If you are a licensed nurse, in what state(s) are you currently registered?
   State  Reg.#
   State  Reg.#
VI. EXTRA-CURRICULAR ACTIVITIES

A: List the Clubs and/or Organizations in which you take an active part. .................................................................
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B. Describe your participation in community service programs/projects. .................................................................
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C. List office(s) held in any Clubs and/or Organizations. ..............................................................................
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D. List all Awards, Honors or Citations received. ..............................................................................
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VII. FINANCIAL STATUS

A. Are you currently receiving financial assistance? ……Yes ……No

B. If yes, please complete.

<table>
<thead>
<tr>
<th>Name of Grant/Loan</th>
<th>Name of Scholarship</th>
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<tbody>
<tr>
<td>1. ……………………………………………</td>
<td>1. ……………………………………………</td>
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<td>3. ……………………………………………</td>
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C. If you are awarded a scholarship from Gamma Chi, for what purpose will you use it? …………………….…..
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D. Attach any pertinent information that would be helpful in assessing your financial need for this scholarship.

______________________________________________________           ___________________________________
Signature of Applicant                                                Month/ Date/ Year

Please submit your application and supporting documents by February 21, 2014 to:

Gamma Chi Chapter, Chi Eta Phi Sorority, Inc.
Attn: Scholarship Committee
GNA Headquarters
3032 Briarcliff Road
Atlanta, Georgia 30329-2655

Photocopies of this application are acceptable.  Type or use Black ink only.  Pencil is not acceptable.
Chi Eta Phi Sorority, Inc., Gamma Chi Chapter
A Professional Nursing Organization

REFERENCE FORM
BELLAMY, ROWSER, BINNS, CHI FELLOWS AWARD
Minority Student Nurse Scholarship Application

APPLICANT INFORMATION

Please complete this section and give this evaluation form to your supporting person.

Applicant’s Name: ______________________________________________________________
(First)                                           (MI)                                                     (Last)
Classification:       ____ Junior          _____Senior
___________________________________________________________________________________________________________________

The above named individual is applying for a scholarship from Chi Eta Phi Sorority Inc. Gamma Chi Chapter. Please write a brief narrative proving information relevant to the student’s application for this scholarship. You may fill in the information below the headers provided and/or attach an additional letter. Once you have completed the reference, please mail it by February 21, 2014 to:

Gamma Chi Chapter, Chi Eta Phi Sorority, Inc.
Attn: Scholarship Committee
GNA Headquarters
3032 Briarcliff Road
Atlanta, Georgia 30329-2655

How long have you known the applicant? ________________

Leadership:

Dependability:

Scholarship:

Your Name _______________________________ Relationship __________________________
Address _______________________________ City/State __________________________
Home/Work Phone# ______________________ Cell Phone# _______________________

Signature _____________________________ Month/ Date/ Year ___________________________
Chi Eta Phi Sorority, Inc., Gamma Chi Chapter
A Professional Nursing Organization

REFERENCE FORM
BELLMAMY, ROWSER, BINNS, CHI FELLOWS AWARD
Minority Student Nurse Scholarship Application

APPLICANT INFORMATION

Please complete this section and give this evaluation form to your supporting person.

Applicant’s Name: ________________________________ ________________________________
(First)                                           (MI)                                                     (Last)
Classification:       ____ Jun         _____Senior
_____________________________________________________________________________________________________________________

The above named individual is applying for a scholarship from Chi Eta Phi Sorority Inc. Gamma Chi Chapter. Please write a brief narrative proving information relevant to the student’s application for this scholarship. You may fill in the information below the headers provided and/or attach an additional letter. Once you have completed the reference, please mail it by February 21, 2014 to:

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How long have you known the applicant? ________________

Leadership:

Dependability:

Scholarship:

Your Name ________________________________ Relationship ________________________________
Address ________________________________ City/State ________________________________
Home/Work Phone# _______________________ Cell Phone# ________________________________

Signature ________________________________  Month/ Date/ Year ________________________________