



The Association of Jamaican Nurses of Greater Houston  
P.O. Box 1803  
Alief, TX 77411 USA  
[www.associationofjamaicannurses.org](http://www.associationofjamaicannurses.org)

## Scholarship Application due date: September 30

### CRITERIA

- Accepted and enrolled as a full-time nursing student at any accredited undergraduate nursing program (BSN, AD, Diploma, or LPN/LVN) and in good standing at the time of application.
- At least one full semester remaining in the nursing program
- A cumulative grade point average (GPA) of 3.0 or more equivalent evaluations in accordance with the system used by the applicant's college or university. A copy of the applicant's most recent official transcript from the school of nursing must be sent with the application. .
- Two (2) letters of recommendation from the applicant one of which should be from a member of the school of nursing (Dean, Instructor, Counselor, etc.) Letters of recommendation and essay must be attached to application.
- Submit a 500-word, 12-point font size double-spaced essay. The essay should include:
  1. A description of extracurricular activities and community involvement such as but not limited to community-based projects, school level projects, and any activities that impacts the health and social well-being of individuals that has contributed to your growth and development.
  2. How you as an individual nurse can improve the health status and/or social conditions of individuals facing health disparities.
  3. A statement about your future goals in nursing.
- If applicant is awarded a scholarship, a total of twenty-four volunteer hours must be worked in The Association of Jamaican Nurses Volunteer programs.
- Recipient's must attend the Association of Jamaican Nurse's Scholarship Award Ceremony
- Based on financial need, academic performance, leadership and community service
- Scholarship(s) are awarded annually in the minimum amount of \$750 to resident(s) of the United States and may/may not be renewable based on available funds.
- Scholarship funds paid directly. to the recipient's school.
- The Association of Jamaican Nurses Scholarship(s) is awarded without regard to race, color, ethnicity, gender, or sexual orientation.
- Applicant must provide their student ID, the correct Emailing address of their institution and the department where their scholarship check is to be received.
- You will be notified by phone or e-mail in November regarding the status of your application.
- If you have any questions about the application, please call Darnette Hill, Scholarship Coordinator (713) 829-5088 or by email at [Montego1929@gmail.com](mailto:Montego1929@gmail.com)

As a non-profit organization, it is envisioned that the organization will be instrumental in pursuing strategies that will have an impact on health care beneficial to not only our present domain, but also extend to our ethnic culture. AJN Revised 10/20021

Personal Information (Please Print)

Name \_\_\_\_\_  
Last First Middle Initial Student ID or SS no.

Address: \_\_\_\_\_  
Street Telephone Email address

\_\_\_\_\_ City State Zip Date of Birth

What status applies to you? ( ) US Citizen ( ) Permanent Resident ( ) Foreign Student

Do you currently hold a Nursing License? ( ) Yes ( ) No If yes: License Number State

Education

Name(s) of College Attended: \_\_\_\_\_ (Attach an original transcript)

Current Nursing School Enrollment:

Program Enrolled: ( \_\_\_\_\_ ( ) ADN ( ) BSN

Name:

Address: \_\_\_\_\_

\_\_\_\_\_  
Street Telephone

\_\_\_\_\_ City State Zip

Dean/Director: \_\_\_\_\_

Classification: \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ Advisor \_\_\_\_\_

Finances: (Please List all source of Finances)

- 1. Have you applied for or received any other scholarship(s)? No ( ) Yes ( )  
If yes, please list... Donor: \_\_\_\_\_ Total Amount per Year: \_\_\_\_\_
- 2. Please list any additional type and amounts of contributions you expect to receive from parents/guardians/other source:  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Applicant's signature (If 18 or older) OR Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_