



The Association of Jamaican Nurses of Greater Houston
P.O. Box 1803
Alief, TX 77411 USA
www.associationofjamaicannurses.org

Scholarship Application due date: September 30th

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 \$1,000 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

PERSONAL INFORMATION *(Please Print)*Name _____
Last First Middle Initial Student ID or SSAddress _____
Street Telephone Email Address

City State Zip Date of Birth

What status applies to you? ☐ US Citizen ☐ Permanent Resident ☐ Foreign StudentDo you currently hold a Nursing License? ☐ Yes ☐ No If yes: License Number _____ State _____**EDUCATION** *(College(s) Attended)*

Name	Years Attended

(Attach an original transcript)

CURRENT NURSING SCHOOL ENROLLMENTProgram Enrolled: ☐ ADN ☐ BSN

School Name _____

Address _____ Telephone _____

City State Zip

Dean/Director _____

Classification _____ Expected Graduation Date _____ Advisor _____

FINANCES *(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 _____

Signature: _____ Date _____