



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

2024 NURSING SCHOLARSHIP AWARD

The **PNAMH Nursing Scholarship Award** is a program established to support for 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** 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 GPA of 3.0 or above.
- Actively involved in community service.
- Involved in school activities in a leadership capacity.
- Post grad nursing scholarship applicants must be a a Pnamh member for a minimum of one (1) year by March 15, 2024.

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 11, 2024 (**Saturday**).

PNAMH 2024 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 required criteria with the supporting documents.

It can be:

- 1. Emailed to: rdejesus1020@att.net**
- 2. Mailed to** Pnamh Scholarship and Awards Committee

Attn: Ruby De Jesus

2910 Perdido Perdido Bay Lane

Pearland TX 77584

All applications must be received on or before March 15, 2024.

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

SCHOLARSHIP APPLICATION 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: (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 2024 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 **June 17, 2023***

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