



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 <u>must</u> be present during the Awards Ceremony on May 11, 2024 *(Saturday)*.

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 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 May 11, 2024
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