The Greater Ozarks Chapter of the National Association of Orthopaedic Nurses #144 Scholarship
2009

The Greater Ozarks Chapter of the National Association Scholarship provides funds to promote education for orthopaedic nurses within the greater Ozarks area. One $1000.00 scholarship will be awarded for the 2009-10 academic year.

Eligibility Criteria

- Must be high school graduate
- Southwest Missouri resident
- Candidate wishing to pursue nursing education or further their nursing education (AD, BSN, MSN, PHD, NP-certification)
- GPA of a 3.0 or above in academic field
- Demonstrate financial need by providing FAFSA – EFC (Expected Family Contribution) form
- Preference to orthopaedic nurse who is member of NAON; dependents of NAON members, or high school senior w/financial need, who is pursuing a nursing degree
- Past recipient may request consideration for renewal

Checklist - a complete application includes:

- A completed Orthopaedic Nurses Scholarship Application Form
- An original copy of your high school transcript with cumulative GPA – OR
- An original copy of you college transcript with cumulative GPA
- A copy of your FAFSA–EFC (Expected Family Contribution) form
- A referral letter from high school counselor, college professor, or employer
- A one-page essay on “Why I am interested in a career in nursing”

DEADLINE

Your application must be received by March 13, 2009

Please fill in all information as requested. An incomplete application may be disqualified.

Please mail application and all required support materials in ONE envelope to:

Judith Billings, Grants & Scholarships Coordinator
Community Foundation of the Ozarks
425 E Trafficway, Springfield MO 65806

Questions? Judith Billings (417) 864-6199 or jbillings@cfozarks.org
Greater Ozarks Chapter
of the National Association of Orthopaedic Nurses, #144 Scholarship
Application

Last 4 digits
Name ________________________________________ of Soc Sec #_____________
(please print)

Address______________________________________________________________

City___________________________________________ State_____ Zip __________

E-mail ________________________________________________________________

Length of time in
SW Missouri:______________ Originally from ________________________________

Phone (home) _________________________ (college)_________________________

High School, School of Nursing
or place of employment___________________________________________________

Address _______________________________________________________________

City ___________________________________________ State _____ Zip _________

GPA_____

Include an original copy of your high school or college transcript with cumulative GPA

Include a referral letter from a high school counselor, a college professor; or in the case
of a nurse wishing to sit for the Orthopedic Nursing Exam, an employer.

Include a one-page essay on: “Why I am interested in a career in nursing”

Signature ________________________________ Date ____________

DEADLINE: MARCH 13, 2009
The Greater Ozarks Chapter
of the National Association of Orthopaedic Nurses, #144 Scholarship

FINANCIAL NEED STATEMENT

Attach a copy of your FAFSA EFC page.
Financial need statement, including copy of FAFSA Expected Family Income
Contribution (EFC) copy

Scholarships (please list by name and amount):

Name____________________    Amount:_____________
Name____________________    Amount:_____________
Name____________________    Amount:_____________
Name____________________    Amount:_____________
Name____________________    Amount:_____________

Loans

Name____________________    Amount:_____________
Name____________________    Amount:_____________
Name____________________    Amount:_____________
Name____________________    Amount:_____________
Name____________________    Amount:_____________

Please have the Financial Aid Officer at your school sign this document:

Signature________________________________________
Date___________________

DEADLINE: March 14, 2008
FINANCIAL NEED STATEMENT
The Greater Ozarks Chapter of the National Association of Orthopaedic Nurses #144 Scholarship

Name _______________________________________________________________________
(please print)

Please have your school’s Financial Aid Officer assist you in completing the following:

Official Cost of Attendance (COA) your school uses to calculate financial aid eligibility: $ _______

Include copy of your FAFSA – SAR (Student Aid Report)

List grants - i.e., Pell, Access Missouri, Other (do not include student loans):

<table>
<thead>
<tr>
<th>Name of Grant</th>
<th>Amount Fall Semester</th>
<th>Amount Spring Semester</th>
<th>Total Year Award</th>
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List scholarships:

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Are you eligible for student loans? □ Yes □ No

If yes, your total amount of loans for academic year $___________

Financial Need Worksheet

COA (from above): $ _______________

Total grants and scholarships (do not include loans): $ _______________

If grants & scholarships are less than COA, enter amount here: $ _______________

If grants & scholarships are greater than COA, enter -0- here: $ _______________

Please have the Financial Aid Officer from your school sign below:

Signature:____________________________________________ Date:___________________________________