



COMMUNITY FOUNDATION of the OZARKS

The Greater Ozarks Chapter of the National Association of Orthopaedic Nurses #144 Scholarship 2010

The Greater Ozarks Chapter of the National Association Scholarship provides funds to promote education for orthopaedic nurses within the greater Ozarks area. One \$725.00 scholarship will be awarded for the 2010-11 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; must include a one-page update of progress toward degree/certification

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 12, 2010**

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

Greater Ozarks Chapter
of the National Association of Orthopaedic Nurses, #144 Scholarship
Application

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

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 _____

- 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 _____

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):

Name of Grant	Amount Fall Semester	Amount Spring Semester	Total Year Award
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

List scholarships:

Name of Scholarship	Amount Fall Semester	Amount Spring Semester	Total Year Award
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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 _____

