

## New Hampshire Organization of Nurse Leaders Scholarship Application

Name:	
Home Address:	
E-mail Address:	
Present Employer:	
Employer's Address:	
Present Position:	
Immediate Supervisor:	
Nursing License Number:	
Years as NHONL Member:	
Name of School Attending:	
School's Address:	
Names of Classes: <i>or</i> Course of Study:	
Anticipated Date of Completion:	

Please respond to the following in 150 words or less. You may attach an additional page, if needed.

- Applicant's career goals
- Applicant's list of involvement in professional organizations (district, state, or national)
- Applicant's view of important future challenges for nurse leaders and how their courses of study would assist them in meeting those challenges.

When you submit this application, please include three references. One must be from an immediate supervisor, one from a peer, and one from a current member of the NHONL. Use the attached form for these references.

**➔ Completed Scholarship Application Deadline: October 1 ←**

## New Hampshire Organization of Nurse Leaders Scholarship Reference Form

Applicant's Name:

How long have you known the applicant?

In what capacity have you known the applicant? (check one)

Immediate Supervisor       Instructor or Peer       NHONL Member

**Please rate the applicant on the following characteristics:**

	Excellent	Above Average	Average	Below Average	Poor
Probability of success					
Dependability					
Initiative					
Ability to get along with others					
Communication skills					
Professionalism					

Do you feel this applicant is deserving of a scholarship?     Yes     No

What indication can you give of the student's desire to contribute to nursing leadership?

---



---



---

General Comments: *(please use additional page, if needed)*

---



---



---

**➔ Completed Scholarship Application Deadline: October 1    ⬅**