

# NEW HAMPSHIRE ORGANIZATION OF NURSE LEADERS (NHONL) SCHOLARSHIP SELECTION CRITERIA

## PURPOSE

The purpose of the scholarship fund is to provide financial assistance for a nurse who is pursuing a formal higher degree program to further develop her/his skills as a current or future nurse leader.

## AWARD

Selected applicant will be awarded \$1,000.

## ELIGIBILITY

- Applicant must be enrolled in a Master's Degree or other higher degree that supports the development of nursing leadership skills.
- Preference will be given to a NHONL member.
- The applicant must be an active nurse in the state of New Hampshire who expresses the intent to remain in nursing within the state of New Hampshire for a minimum of two years.

## SUBMISSION

Please submit the completed application and have references sent to:

Roberta Vitale-Nolen, RN, BA, MA  
Acting Administrator, Patient Care Services  
New Hampshire Hospital  
36 Clinton Street  
Concord, NH 03301  
Direct: 603-271-5404  
Fax: 603-271-5395  
rnolen@dhhs.state.nh.us

**Completed Scholarship Application deadline—10/1 of the present year**

# NEW HAMPSHIRE ORGANIZATION OF NURSE LEADERS (NHONL) SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Present Position: \_\_\_\_\_

Immediate Supervisor:  
\_\_\_\_\_

Nursing License Number: \_\_\_\_\_

Number of Years as NHONL Member: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

Address of School: \_\_\_\_\_

Name of Classes or Course of Study: \_\_\_\_\_

Anticipated Date of Completion: \_\_\_\_\_

**PLEASE use additional page for completion of the following (less than 150 words):**

- 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 course of study would assist them in meeting these challenges.

**When you submit this application, please include 3 references.** One must be from an immediate supervisor, one from a peer and one from a current member of NHONL. Use the following form for these references.

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**HAMPSHIRE ORGANIZATION OF NURSE LEADERS (NHONL)  
 NEW HAMPSHIRE ORGANIZATION OF NURSE LEADERS (NHONL)  
 SCHOLARSHIP REFERENCE FORM  
 (All shared information is strictly confidential)**

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
<b>Probability of success</b>					
<b>Dependability</b>					
<b>Initiative</b>					
<b>Ability to get along with others</b>					
<b>Communication Skills</b>					
<b>Professionalism</b>					

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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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