

Community Visiting Nurse Association
Carolyn E. Krajewski-Manney Nursing
Scholarship Award

Criteria for application for nursing scholarship award:

1. Student must have successfully completed at least one semester in an RN program
2. Must be a resident of Somerset County
3. Enrolled in a National League for Nursing accredited nursing program within the state of New Jersey
4. Present evidence of academic ability:
 - A. Official transcript from high school (if graduated within three years of less)
 - B. An official transcript from institution in which enrolled, must include most recent semester completed
 - C. Show a cumulative grade point average of 3.0 or above.
5. Write an essay of approximately 300 words expressing future professional goals and overview of why you chose the nursing profession.
6. Provide two letters of reference, at least one of which must be professional.

General Administrative Guidelines:

1. The award will be a nursing scholarship of \$500-\$1000, to be determined by Community Visiting Nurse Association.
2. All applications and supporting documents must be received at the offices of Community Visiting Nurse Association prior to April 4, 2011. No fax or e-mail copies will be accepted.
3. Selection of award recipient(s) will be determined by the Scholarship Committee.
4. Selection of award recipient(s) is based on merit.
5. Scholarship money will be paid directly to the recipient via a check payable jointly to the student and enrolled institution.
6. Mail completed application and supporting documents to:

Scholarship Application
Community VNA
110 West End Ave.
Somerville, N. J. 08876

Award Presentation

1. Candidate(s) selected as a scholarship award winner MUST be available to attend Community VNA's Annual Meeting ceremony on May 10, 2011, in Bridgewater, New Jersey.
2. Award winner(s) must agree to allow Community VNA to use their name, career achievements and photographs for publicity purposes.
3. Award winner(s) may be asked to participate in future Community Visiting Nurse Association nursing scholarship activities.



Community Visiting Nurse Association
Scholarship Application

PLEASE PRINT OR TYPE ALL INFORMATION:

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Email: _____

Credentials: _____

College/School Enrolled: _____

Degree Working Towards: _____ Current Cumulative GPA: _____

College or High School Attended and degree obtained: _____

Current Employer (if any): _____

State briefly how you are financing your education: _____

Comments or additional information which you feel qualifies you for this scholarship: _____

Attach essay expressing your future goals and why you chose the nursing profession. Essay should be one page, approximately 300 words or less.

How did you learn of Community Visiting Nurse Association's Scholarship program?

_____ Colleague _____ Financial Aid Office _____ Dean/Professor
_____ CVNA Website _____ Other Website _____ Other Source

Signature: _____ Date: _____

For Office Use Only:

Application received _____ Transcript _____ Essay _____ References: Professional _____ Personal _____