The Greater Ozarks Chapter of the National Association of Orthopaedic Nurses #144 Scholarship 2015

The Greater Ozarks Chapter of the National Association Scholarship provides funds to promote education for orthopaedic nurses within the greater Ozarks area.

One $800.00 scholarship will be awarded for the 2015-16 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 your 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 June 24, 2015

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, Scholarship Coordinator
Community Foundation of the Ozarks, P O Box 8960, Springfield MO 65801
[ for UPS/FED-X: 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 ____________

Questions? Judith Billings (417) 864-6199 or jbillings@cfozarks.org
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):

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<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 __________________________