



## STATELINE NURSES NETWORK

Dear Nursing Colleague:

The Stateline Nurses Network is pleased to announce the availability of four scholarship awards. The members of the Stateline Nurses Network wish to recognize individuals who demonstrate excellence in both academic and clinical performance. Monetary awards in the amount of \$1,000.00 will be presented to selected applicants who demonstrate potential for excellence in professional nursing practice. Awards are available in each of four categories:

- Pre-licensure student (RN or LPN)
- B.S.N. degree completion student
- Graduate student in nursing
- Doctoral student

Enclosed, you will find copies of the eligibility criteria, application and information on the requirements for letters of recommendation. To assist the applicant, a checklist is also included.

Leaders and Faculty, please announce this scholarship opportunity to your students and employees and direct them to [www.statelinenurses.org](http://www.statelinenurses.org). Make sure that each applicant receives all pages of the application: eligibility criteria, complete application form, letter of recommendation requirements and checklist.

**The application deadline is Friday, March 28, 2025. Only COMPLETE applications will be accepted.** Those selected to receive the scholarships will be notified in early April 2025. Award recipients will be recognized at Nurses Expo on Friday, April 25, 2025 and scholarship checks will be awarded at that time. We urge all winners to attend the Nurses Expo.

Respectfully,

Kimberly McCullough, DNP, RN  
Scholarship Committee Co-Chair

Verna Calhoun, RN-BSN, CRRN  
Scholarship Committee Co-Chair

Sylvia Baker, MSN, RN, CPAN-retired, FASPAN  
Scholarship Committee Mentor



## NURSING SCHOLARSHIPS ELIGIBILITY CRITERIA

Four \$1,000.00 scholarships are available to students in the following categories:

- Pre-licensure Student – RN or LPN (must be enrolled in at least 2nd term of clinical courses)
- B.S.N. Completion Student
- Graduate Student
- Doctoral Student

Applicants must reside or attend school within the Stateline Nurses Network region (Northern Illinois or Southern Wisconsin).

Scholarships are awarded primarily on the basis of **academic merit, community service, and demonstration of excellence in professional nursing practice**. A specific minimum GPA has been established and is as follows: **minimum of 3.0 GPA out of 4.0 scale or 4.0 GPA out of 5.0 scale**. Utilization of the award money is left to the discretion of the student (tuition, books, travel, expenses, child care, etc.).

### ELIGIBILITY CRITERIA PRELICENSURE SCHOLARSHIP CRITERIA

The applicant must:

1. Be enrolled in at least the 2<sup>nd</sup> semester of clinical nursing courses for Registered Nurse programs, or 2nd term of Practical Nursing program, and
2. Obtain **one** letter of recommendation (excluding relatives). The reference should be from someone who can speak to the clinical competence of the applicant.

### B.S.N. COMPLETION, GRADUATE AND DOCTORAL SCHOLARSHIP CRITERIA

The applicant must:

1. Be an RN currently enrolled in a baccalaureate or graduate nursing or doctorate education program, and
2. Obtain **one** letter of recommendation (excluding relatives). The reference should be from an employment supervisor or faculty member who can speak to the clinical competence of the applicant.

### ALL APPLICANTS

Must complete the application form and submit the application and letter of recommendation to the selection committee on or before **Friday, March 28, 2025**.

Please be sure your application is signed; either handwritten or electronically. Save the completed application on your device and email it in PDF format along with the scanned letter of recommendation, personal statement, and your headshot to the following email.

**EMAIL:** [statelinenurses2013@gmail.com](mailto:statelinenurses2013@gmail.com)

**IMPORTANT NOTE:** Incomplete submissions or those received after the deadline will not be considered. No extensions will be granted. Additional submission information is on the application form.



## NURSING SCHOLARSHIP APPLICATION

Application for: **PLEASE CHECK ONE** (all fields are required)

- \_\_\_\_\_ Pre-licensure (RN or LPN)
- \_\_\_\_\_ BSN Completion – only if RN licensure
- \_\_\_\_\_ Graduate
- \_\_\_\_\_ Doctoral

Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Address City/State/Zip

\_\_\_\_\_

Present Address (if different from above)

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### EDUCATION

Institution currently attending \_\_\_\_\_

Institution address: \_\_\_\_\_

Current semester/term enrolled in Clinical Nursing Program (for pre-licensure only) \_\_\_\_\_

Current hours enrolled (for pre-licensure only) \_\_\_\_\_

Expected date of completion \_\_\_\_\_

**OTHER EDUCATIONAL INSTITUTIONS ATTENDED:** (List any secondary educational institutions attended (colleges, vocational, military).)

SCHOOL	ADDRESS	DATES	ATTENDED	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### EMPLOYMENT HISTORY

EMPLOYER	POSITIONS/DUTIES	DATES	HOURS	PER	WEEK
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### HONORS/AWARDS

List special honors/awards received (within the previous 5 years):

HONOR \_\_\_\_\_ DATE \_\_\_\_\_

HONOR \_\_\_\_\_ DATE \_\_\_\_\_

HONOR \_\_\_\_\_ DATE \_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS** (does **NOT** include BLS, ACLS, PALS, NALS, etc.)

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**COMMUNITY VOLUNTEERISM** (excludes donating clothing, food, etc to drives)

Describe any activities in which you have volunteered your time and talents (N/A if does not apply)

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**PROFESSIONAL or SCHOOL COMMITTEES/ACTIVITIES**

Describe any activities in which you participate to advance the profession of nursing (N/A if does not apply):

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**PERSONAL STATEMENT**

Identify your personal strengths and professional goals and how they will contribute to the nursing profession. How will this scholarship award help you attain your goals? (Attach a separate document, 250 words or less)

**HEAD SHOT**

Submit a headshot (attached as a separate file JPG or PDF) when emailing the completed application. The headshot will **ONLY** be used for recognition at Nurses Expo 2025.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## VERIFICATION OF STUDENT STATUS

*This verification must be completed by the registrar/dean's office/provost/academic advisor. **Online students may submit the most recent transcript in lieu of a Registrar verification signature.***

I verify this student is currently enrolled in a PRELICENSURE/B.S.N./GRADUATE/DOCTORAL (underline appropriate program) nursing program at: \_\_\_\_\_ and is in good standing.

Verification of cumulative GPA \_\_\_\_\_ 4.0 or 5.0 scale (circle one)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email **COMPLETED** application:

**EMAIL: [statelinenurses2013@gmail.com](mailto:statelinenurses2013@gmail.com)**

- Do not send more than 1 letter of recommendation – extras will be discarded
- **Deadline for receipt of application is Friday, March 28, 2025**
- **Only complete applications will be considered – No extensions allowed**
  - Questions? Contact [statelinenurses2013@gmail.com](mailto:statelinenurses2013@gmail.com)



## **SCHOLARSHIP LETTER OF RECOMMENDATION REQUIREMENTS**

To all Applicants:

Please submit **one** letter of recommendation written on your behalf to accompany your completed application. Make sure the writer of the letter of recommendation receives a copy of the requirements below for the letter.

Requirements:

1. A letter of recommendation is required to be written by an employment supervisor or faculty member who can speak to the clinical competence of the applicant.
2. The letter of recommendation must briefly include each of the following elements:
  - Potential for leadership
  - Clinical performance
  - Responsibility and Accountability
  - Adaptability
  - Motivation and Initiative
  - Attitude and Behavior
3. The individual writing the letter of recommendation must describe the applicant's potential for contribution to the profession of nursing.
4. The letter must include a signature and title of the person writing it, the relationship to the applicant and the date the letter was written.

**Letter of Recommendation must be sent to the applicant as soon as possible and before the application deadline of **Friday, March 28, 2025** so the applicant has the ability to attach it to the application and email the completed application.**



## APPLICANT'S CHECKLIST OF COMPLETION

This document is to be used to assist the applicant in completing all the documentation required for the Stateline Nurses Network NFP Scholarship. Incomplete submission or those received after the deadline of **Friday, March 28, 2025** will not be considered. No extensions will be granted.

- Application form completed
  - Verification of student status section must be completed by college official.
  
- Head shot submitted (attach as a separate file JPG or PDF)
  
- Personal statement (250 words or less)
  
- Letter of Recommendation (written by a member of faculty, manager, colleague, or member of the community but not a relative) must be attached with the completed scholarship application
  
- Email scholarship application, including personal statement headshot and letter of recommendation to:  
[statelinenurses2013@gmail.com](mailto:statelinenurses2013@gmail.com)
  
- Only **COMPLETED** applications will be considered
  - Must be received by **March 28, 2025**
  - Questions? Contact [statelinenurses2013@gmail.com](mailto:statelinenurses2013@gmail.com)