

Scholarships

1. General Academic Scholarship
2. In addition to the academic scholarship, the following designated scholarships have been made available through contributions:
 - a. Dorothea Funk Scholarship – available to an Arkansas Registered Nurse who is committed to community health nursing and seeking an Advanced Practice Nursing degree
 - b. Mary Gray Scholarship - available to an Arkansas Registered Nurse seeking any Advanced Practice Nursing degree

The Arkansas Nurses Foundation (ARNF) Board of Trustees reserves the right to make no award in any given year. The amounts of scholarship awards vary and are awarded at the discretion of the ARNF officers. Scholarships are awarded without regard to race, sex, religion, age, sexual orientation, or national origin. Scholarships are awarded for one year only.

Eligibility Requirements

To be eligible for the academic scholarship the applicant must:

1. Hold an Arkansas Nursing license in good standing with the Arkansas State Board of Nursing (LPN, RN, APRN)
2. Be a resident of Arkansas at the time of application
3. Submit a completed application packet received or postmarked by June 30th
4. Not be a current member of the ARNF Board of Trustees

Eligibility requirements specific to a designated scholarship:

- ***Dorothea Funk Scholarship:***
Must be an Arkansas Registered Nurse seeking an Advanced Practice Nursing degree (Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Certified Registered Nurse Anesthetist) to be used for community health nursing with demonstrated need.
- ***Mary Gray Scholarship:***
Must be an Arkansas Registered Nurse seeking an Advanced Practice Nursing degree (Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Certified Registered Nurse Anesthetist)

Application Packet

The complete application packet **must** include:

1. Completed official **ARNF Scholarship application**
2. Cover letter stating need for the scholarship; intended use of funds (including a statement regarding other financial assistance, i.e., organizational scholarships, stipends, tuition waivers or reductions, etc.); and barriers you may encounter with a plan of how you will overcome them.
3. Current resume (one page including education, work experience, achievements, and honors, if applicable).

4. Two letters of recommendation (one from current faculty) including leadership qualities, hours of completion in program (if applicable), and academic ability of the applicant.
5. Official undergraduate and graduate transcript(s) from all nursing programs attended (in a sealed envelope with the Registrar’s signature or stamp on flap).
6. Letter of acceptance into a nationally accredited nursing degree program
7. The **ARNF Scholarship application** must be received or postmarked by **June 30th** of the application year. It is the applicant’s responsibility to ensure supporting documents are received or postmarked by the deadline. **Incomplete application packets will not be considered.**
8. Optional: Extracurricular activities (achievements, organization memberships, volunteer work)

Mail completed application to:

Arkansas Nurses Foundation
P.O. Box 26483
Little Rock, AR 72221

Funds from the scholarship will be applied toward a nursing degree in any nationally accredited nursing program and will be sent to the institution you are attending.

Procedure

The ARNF Board of Trustees will review and select the recipient(s). The final decision on the recipients will be based upon the completed application packet as outlined above. The ARNF Board of Trustees will determine the scholarship amount. The scholarship recipient(s) will be notified by the ARNF Board of their scholarship amount and will be recognized at the Arkansas Nurses Association (ARNA) annual meeting.

The Chairperson of the ARNF Board of Trustees will notify the Arkansas Community Foundation (organization that holds the ARNF scholarship account) of the names, institutions, and scholarship amounts as soon as the final decisions are completed.

The scholarship recipients are encouraged to attend/appear at the ARNA annual meeting to be recognized.

Application

Applicant Contact Information			
Name:			Date:
Home Address:			
City:		State:	Zip:
Daytime Phone:	Cell:		

Educational Preparation		
Name of Institution:		
Location of Institution:		
Major:	Years Attended To:	From:
Name of Institution:		
Location of Institution:		
Major:	Years Attended To:	From:
Name of Institution:		
Location of Institution:		
Major:	Years Attended To:	From:
Name of Institution:		
Location of Institution:		
Major:	Years Attended To:	From:
Degree Program Information		
Program planning to attend for which you are seeking scholarship:		
Goal of further education:		
Date of acceptance into the program:	Anticipated date of graduation:	
Total semesters for degree completion:	Number of remaining semesters to complete degree:	
Credit hours of program:	Number of credit hours remaining to complete degree:	Current GPA:

Expense of tuition and fees: \$		Other funding/scholarships currently receiving: \$	
Applying for:			
General Scholarship	Dorothea Funk Scholarship	Mary Gray Scholarship	
Requesting scholarship for:			
Fall semester only	Spring semester only	Both semesters	
References			
Name:			
Address:			
City:		State:	Zip:
Daytime Phone:	Email:		
Name:			
Address:			
City:		State:	Zip:
Daytime Phone:	Email:		
I have read the requirements concerning the granting of this scholarship, and I agree to abide by the stipulations.			
Signature:			
Printed name:			
Date:			