



## NATIONAL AMERICAN ARAB NURSES ASSOCIATION

### Nursing Scholarship Application

NAANA's annual scholarships in the amount of \$500 to \$1000 are awarded to the most meritorious applicants who are studying nursing at the Associate Degree, Bachelor degree, RN-BSN, or BSN-MSN (Master's in Nursing) level.

**Deadline for submission: September 30, 2020**

#### Major selection criteria:

- Applicants must provide proof of acceptance or enrollment in an accredited nursing program at the time of application, must be of Arab heritage, citizens or permanent residents of the United States, and must reside within the US or its territories.
- Academic excellence, exemplified by achievement of a grade point average [GPA] of 3.0 [on a 4-point scale] or its equivalent.
- Demonstrated leadership (academic, professional, and/or through student organizations).
- Evidence of engagement in and contribution to the health care of the Arab American community.

#### Material required for evaluation:

- A completed Scholarship Application
- Transcripts of all colleges/universities attended. The transcripts may be unofficial or student copies.
- A current curriculum vita or resume (optional).
- A one- to two-page essay (12-point font, single-spaced) by the applicant as to why s/he deserves the award, highlighting:
  - Personal background and career goals.
  - Any professional and/or community organizations or activities that the student is engaged in or plans to engage in that contributes to the health care of the Arab American community and that demonstrate his or her commitment to advancing the health of this community.
  - Any honors, awards, and scholarships received.
  - Any leadership activities the student is involved with.

Submit all materials to [scholarship@n-aana.org](mailto:scholarship@n-aana.org)



**SCHOLARSHIP APPLICATION**  
**DEADLINE: SEPTEMBER 30, 2020**

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a member of NAANA?  Yes  No

What type of nursing program are you enrolled in?

- ADN  BSN  RN-BSN  BSN-MSN (Master's in nursing)  
 Full-time  Part-time

Please initial the following statements if true:

\_\_\_\_\_ I attest that I am of Arab Heritage.

\_\_\_\_\_ I attest that I am a permanent resident of the United States.

Name and address of institution where you are studying nursing:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Grade point average: \_\_\_\_\_

List the educational programs attended and degrees received (after high school).

School/College/University	Years Attended	Degree(s)	Year Graduated	Major