



KENTUCKY ORGANIZATION OF NURSE LEADERS

2-6-17

Dear Applicant,

I am pleased to inform you that KONL will be awarding four scholarships, each valued at \$2,500.00 to students within our Kentucky Nursing Community as a means of promoting professional growth and development.

The scholarship money must be used and receipts submitted within 12 months of the award. Two awards will go to a RN completing a baccalaureate nursing program (BSN) and the two will go to a RN completing a graduate or postgraduate nursing program. Applicants must be currently enrolled in a BSN, MSN, PhD, or DNP program and have a GPA of 3.5 or above. Will not accept pass/fail status if student can show that pass/fail is above 3.5 GPA based on their school standards.

Applications should be submitted electronically to Delisa Arnold at dma@flaget.com or by mail to 4305 New Shepherdsville Road, Bardstown, KY 40004, KONL Scholarship, Delisa Arnold. Successful applicants will be notified via email address on application; or by phone/written notice if no email address. Scholarships will be awarded at the Kentucky Hospital Association Annual Meeting in May 2015 (specific time TBA).

Applications must be received by March 31, 2017.

Attached are copies of the KONL Scholarship application form. We would appreciate it if you would distribute these applications to students and staff in your organization who meet the criteria, and who would benefit from the support of our professional organization.

Thank you in advance for your assistance in distributing this information to eligible candidates.

Sincerely,

Delisa Arnold

KONL Scholarship Committee Chair



KENTUCKY ORGANIZATION OF NURSE LEADERS

2501 Nelson Miller Parkway
Louisville, Kentucky 40223

Scholarship Application

Application # _____

To be considered for a KONL Scholarship, you must:

1. Be a current member of KONL (Kentucky Organization of Nurse Leaders)
2. Be currently enrolled in an accredited BSN, MSN, PhD, or DNP Program
3. The applicant must be working in a Kentucky hospital or in a Kentucky healthcare organization, including institutions of higher learning.
4. Have a GPA of 3.5 or above. **(Must submit a copy of transcript) Pass/Fail will not be accepted.**
5. Submit two letters of reference with this application from a direct supervisor or faculty member that delineates your commitment to nursing in the community, academic, or work setting.
6. Submit a one-paged personal statement with this application listing your recent accomplishments, current practice, and future goals, related to the practice of nursing.

(Please print or type all information clearly – answer all questions)

Section 1 * Applicant Information

Name Last _____ First _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Are you currently an RN? ☐ Yes ☐ No License # _____ State _____

Are you a US Citizen? ☐ Yes ☐ No If non-US Citizen, Indicate immigration status _____

I am currently a member of KONL and have been since: _____

Section 2 * Work Information

Current employment place _____

Current position _____

Section 3 * Academic History

Current School of Nursing _____

Address _____ City _____ State _____ Zip _____

Name of Dean/Director _____ Phone _____

Expected Date of Graduation _____ Type of Program ☐ BSN ☐ MSN ☐ PHD ☐ DNP

Current Enrollment Status ☐ Full Time ☐ Part Time Number of credits this semester _____

Are you receiving any other professional nursing scholarships? ____ yes ____ no.

If yes, in what amount? _____

Section 4 * Other colleges or schools of nursing attended

School _____

Address _____ City _____ State _____ Zip _____

Major _____ Degree Earned? ☐ Yes ☐ No Year graduated/attended _____

School _____

Address _____ City _____ State _____ Zip _____

Major _____ Degree Earned? ☐ Yes ☐ No Year graduated/attended _____

School _____

Address _____ City _____ State _____ Zip _____

Major _____ Degree Earned? ☐ Yes ☐ No Year graduated/attended _____

May add additional page if needed.

Section 5 * Certification and Agreement

I hereby request consideration and believe myself to be eligible to apply for a scholarship administered by KONL. I have completed all necessary paperwork and certify that all information supplied on the application is complete and correct to the best of my knowledge.

I understand that: falsification of my application or other attachments will disqualify my application; failure to follow all instructions to complete the application will render my application incomplete; and that all selection committee decisions are final.

I understand that the completed application and associated documents become KONL property. By signing this agreement, permission is granted to KONL allowing the request to verify information in the application.

I understand that the scholarship money must be used within 12 months of its receipt and that I will be required to submit proof of money spent (**receipts**) for tuition and/or class supplies such as books, computer, etc. **within 12 months of the award.**

Applicant Signature _____

Date _____

Thank you for completing this form!

Scholarship recipients are notified in email or writing. **Only winners are notified.**

****All applications will be destroyed once scholarship winner awarded.**

Questions? Contact Delisa Arnold, Chair, KONL Scholarship Committee phone #502-350-5302 or dma@flaget.com email
(Please review document carefully and be ready with your questions before you call.)