

# SOUTH DAKOTA NURSES FOUNDATION (SDNF) SCHOLARSHIP APPLICATION

SCHOLARSHIP AMOUNT: \$1000.00 APPLICATION DEADLINE: POSTMARKED JULY 15 SCHOLARSHIP AWARD DATE: FALL

## SCHOLARSHIP CRITERIA:

1. Registered nurse who is a current South Dakota (SD) resident and member of SDNA for at least one year.
2. Graduate student pursuing a master's or doctoral degree in nursing or a related field with the goal of practicing nursing in a South Dakota high need area or teaching in a South Dakota baccalaureate or higher degree nursing education program.
3. Cumulative GPA 3.0 or higher upon completion of highest degree, i.e., baccalaureate nursing program or master's nursing program
4. Career goals and personal qualities congruent with South Dakota Nurses Foundation purposes
5. Evidence of leadership, compassion, involvement in professional organization(s), professional activities, and community service

Name \_\_\_\_\_ SD resident  Yes  No

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone number(s) \_\_\_\_\_ Email address \_\_\_\_\_

## GPA INFORMATION:

Your cumulative GPA upon completion of your baccalaureate nursing program \_\_\_\_\_  
(enclose transcript, unofficial copies acceptable)

Your cumulative GPA currently or upon completion of your master's in nursing program (if applicable) \_\_\_\_\_  
(enclose transcript, unofficial copies acceptable)

## PROGRAM OF STUDY YOU ARE PURSUING:

Check one and write in name/address of college or university:

Master's degree in nursing - area of study or major: \_\_\_\_\_  
Name & address of college or university: \_\_\_\_\_

Doctoral degree in nursing - area of study or major: \_\_\_\_\_  
Name & address of college or university: \_\_\_\_\_

Doctoral degree in a related field - area of study or major: \_\_\_\_\_  
Name & address of college or university: \_\_\_\_\_

## YOUR CURRENT STUDENT STATUS (check one):

Admitted  Admitted and enrolled - anticipated date of graduation: \_\_\_\_\_

## YOUR SDNA MEMBERSHIP STATUS (check one):

Current SDNA member - length of SDNA membership (years, months) \_\_\_\_\_

Not a current SDNA member (not eligible for this scholarship)

**TWO (2) LETTERS OF RECOMMENDATION** describing your personal qualities and activities that exemplify your leadership, compassion, involvement in professional organization(s), professional activities, and community service.

- At least one letter of recommendation should be from a faculty member with whom you have had your most recent nursing program experience
- One letter of recommendation may be from a professional colleague.

## YOUR CURRENT RESUME

**YOUR PERSONAL STATEMENT** addressing a) career goals, b) personal qualities that affect your nursing practice, and c) how your career goals and personal qualities reflect South Dakota Nurses Foundation purposes of education, research, and service. Please enclose personal statement and limit statement to 500 words or less.

## APPLICATION SUBMISSION MATERIALS

(if application materials are incomplete, application may be disqualified)

- Completed application form
- Transcript(s) for baccalaureate degree, and master's degree where applicable
- If currently enrolled, most recent graduate program transcript
- Current resume
- Two letters of recommendation
- Personal statement

## APPLICATION MAILING INFORMATION

South Dakota Nurses Foundation  
c/o South Dakota Nurses Association  
PO Box 1015  
Pierre, SD 57501-1015

For more information about the South Dakota Nurses Foundation and its scholarships, go to [www.sdnursesassociation.org](http://www.sdnursesassociation.org) and click on South Dakota Nurses Foundation