



July 18, 2016

Aloha,

The American Organization of Nurse Executives (AONE) – Hawai'i Chapter is pleased to offer scholarships to Registered Nursing students within the nursing education community as a means of promoting professional growth and development.

Scholarship applications will be accepted from qualified individuals who are residents of the State of Hawaii and are currently enrolled in BSN, MSN, or other master's or doctorate level degree-granting program in nursing, healthcare, management, or leadership. In order to qualify, applicants must demonstrate the following: (1) academic excellence, (2) commitment to the profession of nursing, (3) involvement in their community, and (4) leadership ability.

DEADLINE: The enclosed application should be completed and postmarked no later than midnight, Friday, September 23, 2016.

Completed applications (all required items should be included in the envelope) are to be mailed to:

**AONE Hawaii
c/o Barbie Rosario
PO Box 2774
Honolulu, HI 96803**

Scholarship awardees will be notified in writing no later than October 7, 2016. Awardees will be recognized at AONE Hawaii's Annual Conference on Thursday, November 9, 2016 at The Royal Hawaiian Hotel.

Jason Pauls, RN, MSN
AONE Hawaii Scholarship Chair



AONE Hawaii Scholarship Application

AONE Hawaii
c/o PO Box 2774
Honolulu, Hawaii 96803



THE AMERICAN ORGANIZATION OF NURSE EXECUTIVES, **HAWAII CHAPTER**

AONEHAWAII@GMAIL.COM | (808) 864-7983 | WWW.AONEHAWAII.ORG
barbier@hawaiiantel.net

Application NO. _____ (AONE Hawai'i Use Only)

To qualify for an AONE Hawai'i Scholarship (\$2,000) applicant must meet all the following criteria:

1. Be currently enrolled in a BSN, MSN or other master's degree or doctorate in nursing/health care/management/leadership degree-granting program.
2. Demonstrate academic excellence with a GPA at least 3.5-4.0 (Proof of GPA must be submitted with application in the form of an official school certified transcript. SUBMISSION OF XEROX COPIES OF TRANSCRIPTS IS NOT ACCEPTABLE AND WILL DISQUALIFY AN APPLICANT.
3. Be a current resident of the State of Hawai'i.

Applicants must also submit the following:

1. Two (2) letters of reference with application that delineate applicant's commitment to the profession of nursing and leadership ability.
 - a. One (1) letter from a nursing direct supervisor or direct supervisor in a health care organization if that person is not a nurse and one (1) letter from a nursing faculty member. If a former nursing faculty is not available, submit a recommendation from a professional colleague or indirect supervisor who could attest to your leadership attributes/potential (for example, someone that you have served with in a leadership position in a professional organization.)
 - b. If applicant is not currently employed, please submit two (2) letters from faculty members.
2. A one (1) page personal statement with applicant describing:
 - a. Applicant's recent accomplishments,
 - b. Current practice and future goals relating to the nursing profession,
 - c. Demonstration of leadership ability and involvement in the community.



**AONE Hawaii
Scholarship Application**

AONE Hawaii
c/o PO Box 2774
Honolulu, Hawaii 96803



PLEASE PRINT OR TYPE REQUIRED INFORMATION AND ANSWER ALL QUESTIONS.

SECTION 1 – APPLICANT INFORMATION

Name:

Mailing Address:

Permanent Address:

Contact Phone:

Are you currently a resident of the State of Hawai'i?

Are you currently an R.N.?

SECTION 2 – ACADEMIC HISTORY

Current School of Nursing:

Address:

Name of Advisor:

Phone No.

Expected Date of Graduation:

Type of Program:

Bachelor's

Master's

Doctorate

Current Enrollment Status:

Full-Time

Part-Time

No. of Credits this Semester

SECTION 3 – OTHER COLLEGES OR SCHOOLS OF NURSING ATTENDED

School/College	Dates of Attendance	Degrees/Certifications Completed



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Honolulu, Hawaii 96803



SECTION 4 – CERTIFICATION AND AGREEMENT

I hereby request consideration and believe myself to be eligible to apply for this scholarship administered by AONE Hawai'i. I have completed all necessary paperwork and certify that all information provided in this application is complete and correct to the best of my knowledge.

I understand that: (1) falsification of my application or other attachments will disqualify my application; (2) failure to follow all instructions to complete the application will render my application incomplete; and (3) that all Scholarship Committee decisions are final.

I understand that the completed application and associated documents become property of AONE Hawai'i. By signing this agreement, permission is granted to AONE Hawai'i to request and/or verify information provided in this application.

Applicant's Signature:

Date:

Scholarship applicants and awardees will be notified in writing. All applications must be post marked by September 23, 2016. Questions may be directed to the Scholarship Committee at aonehawaii@gmail.com or at (808) 864-7983.

**Completed applications and attachments can be mailed to:
AONE Hawai'i c/o Barbie Rosario PO Box 2774, Honolulu, HI 96803**

DO NOT WRITE BELOW THIS LINE – FOR AONE HAWAII USE ONLY

Application Complete: Y or N

If application not complete, reason:

Previous Recipient? Y or N Award Year

Program: BSN Master's Doctorate

Results of Review:

Date:

Reviewed by: