



## Nursing Alumni Association Alumni Scholarship

### Application Instructions

#### Applicants for this scholarship must:

- Be an alumna or alumnus of the University of Virginia School of Nursing pursuing an advanced degree or certificate in nursing at any institution;
- Demonstrate academic and clinical excellence.

Deadline: **June 1**

for the academic year beginning the following August/September

#### A complete application will include the following *in one packet by June 1<sup>st</sup>*:

✓ **A Completed Application Form**

(See next page)

✓ **Evidence of Professional Commitment**

Attach a **resume** that includes education, work experience, professional and community involvement, and leadership positions.

✓ **Essay**

Attach an **essay**, on a separate page, briefly describing your professional goals. Your essay will be reviewed for evidence of your commitment to nursing practice and your ability to express your ideas (limited to 300 words).

✓ **Recommendations**

Attach **two letters of recommendation in sealed envelopes** to this application. Recommendations should be from faculty or others who can speak to your professional commitment.

✓ **Transcript(s)**

Attach an **official transcript(s)** from UVA (and any other relevant academic program) with this application. To be official, transcripts must remain **sealed in their envelopes** as sent by the educational institution.

✓ **Evidence of your enrollment in a graduate program**

Incomplete or late applications will not be reviewed. It is your responsibility to submit a complete application packet. *Please do not submit required materials separately.*

Selections will be made and applicants notified in mid-July.

Questions? Call (434) 924-0148 or e-mail [nursing-alumni@virginia.edu](mailto:nursing-alumni@virginia.edu) .

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Send materials to:

UVA School of Nursing  
Alumni & Development Office  
Attention: SONAA Scholarships  
PO Box 800826  
Charlottesville, VA 22908-0826

Or deliver in person to:

Claude Moore Nursing Education Building  
Room 3004 or 3007



**Nursing Alumni Association Alumni Scholarship  
Application**

**APPLICANT NAME:** \_\_\_\_\_

UVA Degree(s) and Year(s) of Graduation: \_\_\_\_\_

Preferred Address (where you can be reached this summer):  
\_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Last 4 Digits of Social Security Number: XXX – XX – \_\_\_\_\_

**Graduate Student Information:**

Degree/Certificate you are pursuing: \_\_\_\_\_

School/University: \_\_\_\_\_

Anticipated Date of Program Completion: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attached:**

- Application form completed in full
- Resume
- Essay
- Two (2) Letters of Recommendation (sealed)
- Official transcript (sealed)
- Evidence of current program enrollment