

**UNIVERSITY OF SOUTHERN MAINE  
COLLEGE OF NURSING AND HEALTH PROFESSIONS**

**Nursing Scholarships and Awards**

**Application Information**

Applications for USM College of Nursing and Health Professions Nursing Scholarships and Awards are now being accepted. Minimum qualifications are:

1. A grade point average of 3.0 at the time of the application. Those who have just transferred to USM should use their GPA from their previous institution.
2. Applicant must be a degree candidate carrying at least 6 credits, Fall 2008 or 6 credits, Spring 2009 or 6 credits, Summer Session 2009.
3. Seniors graduating in December of 2009 may apply.

All application forms must be completed by nominees themselves in order to ensure thorough and accurate information. As selection of recipients will be based upon information submitted and other required USM information that has been verified, applicants are encouraged to give complete information. **Applicants are encouraged to read instructions thoroughly.** Feel free to use additional sheets of paper.

**Please note:** Students are selected for Scholarships and Awards based on the criteria outlined for each of the individual scholarships and on the qualifications above. Federal regulations which govern financial aid programs require the University to incorporate any scholarship received into the student's financial aid package. *The Scholarship Committee does consider financial need information provided by the USM Financial Aid office.*

Recognition of scholarship recipients will be given at the:

**College of Nursing and Health Professions Recognition Ceremony  
April 16, 2009 from 3:00-4:30 p.m.  
Glickman Library Event Room, 7<sup>th</sup> Floor on the Portland Campus**

Attendance by Nursing Scholarship and Awards recipients is **mandatory**.

*May 2009 graduating seniors are not eligible for monetary awards.* Monetary awards to continuing students will be credited to their next academic period student account in the fall, by special permission for summer pending available funds or per the requirements of the individual scholarship criteria. Awards to students beginning USM studies in May 2009 will be made to student accounts when the student begins her or his academic program at USM as funds are made available or per the requirements of the individual scholarship criteria.

## Application Guidelines

### Applications must be typed

1. When describing activities, do not include internships or other activities which are requirements of your major.
2. Do not use abbreviations of organizations or activities as they may be confusing to application reviewers.
3. Make sure all information is accurate and is verifiable. A typed document is required.
4. ENCLOSE at least one (1) letter of recommendations from a USM faculty or staff member who knows you. (For consideration for receipt of Nursing Scholarship and Award, application **must** include this recommendation). The recommendation should address:
  - A. applicant's academic ability
  - B. community service,
  - C. any other information or characteristics that would assist the awards committee.

**It is the student's responsibility to obtain and include the letter of recommendation with the application.**

**Students currently enrolled:** The completed application form and recommendation **MUST** be received by **Monday, February 2, 2009 at 4:30 PM**. Submit the application to the College of Nursing and Health Professions, Dean's Office, c/o Susan Taylor, Director of Administration, College of Nursing and Health Professions, 126 Masterton Hall, Portland Campus or mail to P.O. Box 9300 Portland, ME 04104. Questions should be directed to [taylor@usm.maine.edu](mailto:taylor@usm.maine.edu) or call (207)780-4133.

**Students beginning in May 2009:** The completed application form and recommendation **MUST** be received by **Monday, April 6, 2009 at 4:30 PM**. If you have never attended USM, recommendations may be from outside faculty or staff. Submit the application to the College of Nursing and Health Professions, Dean's Office, c/o Susan Taylor, Director of Administration, College of Nursing and Health Professions, Masterton Hall, Portland Campus or mail to P.O. Box 9300 Portland, ME 04104. Questions should be directed to [taylor@usm.maine.edu](mailto:taylor@usm.maine.edu) or call (207)780-4133.

Information about College of Nursing and Health Professions (CONHP) scholarships is available in the Nursing Student Handbook on the web at <http://www.usm.maine.edu/conhp>.

***LATE APPLICATIONS WILL NOT BE ACCEPTED***

**2009-2010 Awards**  
**UNIVERSITY OF SOUTHERN MAINE COLLEGE OF NURSING AND HEALTH**  
**PROFESSIONS**  
**Nursing Scholarships and Awards Application**

**I. General Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_ GPA: \_\_\_\_\_

Mailing Address \_\_\_\_\_

How many semesters have you attended USM? \_\_\_\_\_

Number of USM Credits Completed \_\_\_\_\_

Do you plan to graduate? December 2009 \_\_\_\_\_ May 2010 \_\_\_\_\_ Other \_\_\_\_\_

If Undergraduate student, what year are you? \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore

\_\_\_\_\_ Junior \_\_\_\_\_ Senior

\_\_\_\_\_ Accelerated Program

If Graduate student, what year are you? \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ RN – MS  
\_\_\_\_\_ Option (Year \_\_\_\_\_)

**II. USM ACTIVITIES/ACADEMIC DEPARTMENT ACTIVITIES:** (e.g. volunteer tutoring, active membership in academic majors associations, volunteering in university events)

Include

1. Dates of Involvement
2. How many hours per week you spend in this activity (approximately).
3. Describe your role(s) and/or contributions to these activities.

**III. COMMUNITY SERVICE:** (e.g. social causes, volunteer work, blood drives, youth organizations, such as little league, scouting, etc.)

Include

1. Dates of Involvement
2. How many hours per week you spend in this activity (approximately).
3. Describe your role(s) and/or contributions to these activities.

**IV. PERSONAL STATEMENT:** (please include why this award would benefit you)

(Additional information needed: please identify previous experience as a Certified Nursing Assistant or current interest in Geriatric Nursing)

**V. SIGNATURE, DATE, NAME OF FACULTY/STAFF RECOMMENDOR:**

1. Name of Faculty/Staff Recommendor
2. **APPLICATION MUST BE SIGNED AND DATED**

(Under FERPA guidelines, as necessary, by signing this application you grant the institution permission to share your name and other relevant academic information with scholarship donors who have funded the scholarship that you may be selected to receive)

If you have any questions or concerns regarding the completion of this application, or the guidelines are not clear to you, please contact Susan Taylor (780-4133).