

Kansas State Board of Nursing Undergraduate Scholarship Application Instructions

The Kansas State Board of Nursing (KSBN) Scholarships are one time scholarships for students in pre-licensure nursing programs (professional or practical). Monies for the scholarships are donated by the Arthur Davis Agency, Cedar Falls, Iowa. The Arthur Davis Agency prints the KSBN Newsletter. KSBN Scholarship winners are selected by Board members through a blind review of an essay written by the applicant. The essay topic is selected by the Board. Four scholarships for \$1000.00 each are awarded and are to be used for school expenses.

The completed application and essay must be postmarked no later than **November, 30, 2018**. **Winners of the scholarship MUST be present at the March 13, 2019 board meeting for presentation of the award.** Send to:

Kansas State Board of Nursing
Attn: Nursing Scholarship
900 SW Jackson, Suite 1051
Topeka, KS 66612-1230

Eligibility Criteria

- Must be a resident of Kansas
- Must be enrolled in a part-time nursing program or full-time in nursing courses at a Kansas college, university, or technical school
- Professional students must have a cumulative G.P.A. of 2.75
- Practical Nursing students must be in good standing in the program.

Application Instructions:

- Type or print (in blue or black ink) on the application form
- Complete Sections A and B
- Give Section C to your program's nurse administrator, nursing program director, chair or dean, for their completion and submission
- Write an essay entitled: ***What Does Professionalism in Nursing Mean To You?***
- Submit Sections A and B and the essay to the Kansas State Board of Nursing, postmarked no later than **November 30, 2018**.

Essay Directions

- Type and double space, use 1-inch margins, use 10 to 12 point font
- Center title on the first page
- Number the pages
- **DO NOT** put your name on the essay. Attach the essay to Sections A & B
- Essay should include an introductory paragraph, supporting paragraphs (no more than 3), and the summary paragraph for a total of no more than 5 paragraphs or 2 pages.
- Use appropriate grammar, sentence structure, and paragraph structure
- Adhere to the assigned topic
- Be original in your ideas and focus

If you have questions, email carol.moreland@ks.gov or call Carol Moreland, MSN, RN at (785) 296-3068.

Kansas State Board of Nursing Scholarship Application Form

Section A: Identification Information

Last Name: _____ First Name: _____ M.I. _____

Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: () _____ - _____

Daytime Telephone #: () _____ - _____

Email address: _____

Are you a resident of Kansas? Yes No

Are you enrolled in a Kansas Nursing Program? Yes No

Name of Nursing Program

Applicant Signature

Date

Section B: Certification and Release of Information

Applicant: Sign and date the certification and the authorization for release of information.

I affirm that the information reported is complete, accurate, and true to the best of my knowledge.

I have authorized nurse administrator, director, chair or dean of the nursing program to release the information requested to the Kansas State Board of Nursing for the purpose of determining eligibility for the Kansas State Board of Nursing scholarship.

I understand that my essay may be published in the KSBN Newsletter.

I understand that the application and essay must be postmarked no later than November 30, 2018. Applications and essays postmarked after November 30, 2018 will not be accepted.

Applicant Signature

Date

For Office Use Only: Essay Number: RN / PN _____

Section C: Part 1

Student Status Verification

Release of Information Form

Applicant, please sign and give to the nurse administrator, director, chair or dean of your nursing program.

Applicant Last Name

First Name

I authorize school officials to release the information requested to the Kansas State Board of Nursing for the purpose of determining eligibility for a Kansas State Board of Nursing scholarship.

Signature

Date

Section C: Part 2
Student Status Verification
Completed by the nursing program

Nurse Administrator, Director Chair or Dean of the nursing program: Please complete this page and mail to:

Kansas State Board of Nursing,
Attn: Nursing Scholarship
900 SW Jackson, Suite 1051
Topeka, KS 66612-1230

All scholarship related information must be postmarked no later than **November 30, 2018.**

Student Name

School/Program Name

Name of Program Administrator

Student's beginning date in nursing program: _____

Student's expected completion date for nursing program: _____

Please indicate program type: BSN ADN PN

For professional nursing program student: Grade Point Average __. ____

For practical nursing program student: In good standing? Yes No

Student is in part-time or full-time program? Yes No

Student is a resident of Kansas. Yes No

Program Administrator's Signature

Date

Nursing Scholarship Essay Evaluation

Essay Topic: **What Does Professionalism in Nursing Mean to You?**

Essay: RN / PN # _____

Category	Possible	Earned
Introductory Paragraph		
Introduces main idea and captures interest	5	
Supporting paragraph		
Develops the main idea of the essay	15	
Essay has flow and readability	5	
Summary Paragraph		
Summarizes or restates main idea of essay using strongest points that support the main idea	5	
Impact	15	
Originality of idea or focus	5	
Grammar/spelling/format	5	
Adherence to assigned topic	5	
TOTAL	60	

Reviewer's Initials _____ **Total Points** _____

(Board members review the essay and use this form to score the scholarship essay.)