

New Jersey League 2024 Dr. Maureen Sullivan Foley for Nursing **Memorial Scholarship Award**



Scholarship Submission Checklist and Tips

\square 1. Review the entire scholarship criteria to ensure you have met the eligibility.
\square 2. You must be a member of the NJLN to apply. Not a member? Join now
3. Ensure you have all documents ready for submission and included when you submit. Grammar is important, be sure to spell check your submission, have others review your submission. We do grade the submission in its entirety. Review the <u>scoring rubric</u> for specifics on how the submissions are assessed.
Would you like to have a past NJLN Scholarship Award recipients review your submission? Send a request to the NJLN and we will provide the contact information to you. Send to: info@njln.org . You must send this request no later than August 20 to use this resource.
The following are the documents and information you must provide:
☐ a. Scholarship Award Application (Please type all answers)
☐ b. Current Resume / CV
\square c. Transcript from the institution currently enrolled. You may submit an unofficial copy and must include the most recent semester completed.
\square d. Essay explaining how you plan to advance the health of the patients, families, or
communities where you will be practicing and the impact this scholarship would
have in supporting your education. 1,000 words or less, check for grammar and
typographical errors. Use the word count feature ensuring you do not exceed 1,000 words.
\square e. Short video submission (<u>no more than 2 minutes</u>). Include your name, school,
degree you are pursuing and answer this question: "How will the Dr. Maureen
Sullivan Foley Memorial Scholarship Award impact you?", and "How will you make a
difference in healthcare in New Jersey through your education?", include your professional career goals.
\square f. Two Reference Letters (Tip: reference letters are very important, ensure it is
customized to you for this scholarship and that the individual you choose is able to
represent you with some details. Ask the individual to be a reference early as to not rush the
part of the process).
☐ i. Letter one: From a character reference from a current instructor/professor
\square ii. Letter two: From your practice or professional affiliation



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 \square g. Scholarship budget narrative outline explaining how you will use these funds and the timeframe, if awarded. This may be an estimated budget. Note, you must be able to show the entire amount for expenses incurred by your school of nursing for the degree you are pursuing that you will use the scholarship for including but not limited to tuition, books, all fees, and any expense related to the degree you are applying for that is billed by the school of nursing. Note, if you have a loan or are receiving tuition assistance from your employer, that must be included. Items not allowable for use by these scholarship funds include cost for certifications, registration/travel expenses for professional development conferences, hiring of personnel for research purposes, or any other items outside of what your school of nursing will bill you as it relates to the degree you are applying for. Note, it is your responsibility to check with the bursar or finance office to ensure they will be able to accept these funds in their entirety before applying. Partial awards are not allowed through this scholarship program.

Scholarship Applications Submissions must be received by Monday, September 9.

Questions? Email info@njln.org or Office: 908-789-3398