

The Great Nurse Award Application

*“NCLEX FEE AWARD”*

1. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
2. If any question does not apply to you in this application please put N/A in the space.
3. Type or print legibly. Illegible applications will be returned to you.
4. You will be notified by phone and Email in December only if you are the recipient
5. If you have any questions about the application, please Contact Customer service at scholarships@thegreatnurse.com or Call or Text (954)770-3464

**PURPOSE** The NCLEX Fee Award was established to assist students with funding their NCLEX Exam. Every term, nursing students are unable to sit for their exams or have to push back their test dates due to the inability to pay for the application fee. The Great Nurse, LLC Offers assistance with this challenge. We will fund your NCLEX application fee.

**FINANCIAL ASSISTANCE** is based on academic performance and submission requirement. 2 students will be selected twice per year provided funds are available.

***CRITERIA***

* ***Must be a member of The Great Nurse***
* Applicants must have completed nursing school successfully with a minimum unweighted GPA of 3.0.
* Applicants must provide the reason for needing assistance in the form of a 350 word essay or a 5 minute video
* **Applicants must agree to have their story/video shared on The Great Nurse website\*\*\***
* **Everything should be scanned and emailed to** scholarships@thegreatnurse.com
* **You can only apply to one scholarship at a time.**

**TIMELINE**

* Applicants are notified if awarded a scholarship via email and phone call.

**Application Process**

**SCHOLARSHIP APPLICANTS MUST PROVIDE:**

* Completed application form.
* Official proof of academic standing (unofficial transcript).
* 350 word essay or 5 minute video explaining how this award can help your current situation
* Everything emailed to Scholarships@thegreatnurse.com

**Please Email your application, transcript, video/essay to:** Scholarships@thegreatnurse.com

Please check one of the following:

New Scholarship applicant\_\_\_\_\_\_\_

Repeat Scholarship Applicant \_\_\_\_\_\_\_\_

**Application 2018-must be filled out by applicant.**

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|  Please **type on a separate sheet** or **print** your answers below. If application is illegible it will be returned to you. |
| 1 | Last Name: | First Name: |
| 2 | Mailing Address:: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: |
| 3 | Daytime Telephone Number: ( )  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 |  Nursing School Attended: | GPA: |
| 5 | Expected Date of NCLEX Exam:  |
| 6 | I agree to have The Great Nurse, LLC Publish my 350 word essay or 5 minute video on their site If awarded the NCLEX FEE Award——————————————— ———————————————————————Print Name  |
| 7 |  |

**Please list the following information on a separate sheet if needed.**

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to theThe Great Nurse, LLC is true, correct and without forgery. I also consent that my 500 word essay or 5 minute video may be taken and used on the website

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_