

Pay for my Books 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](mailto:scholarships@thegreatnurse.com) or Call or Text (954)770-3464

**PURPOSE** Provide financial assistance to nursing students. Your semesters REQUIRED books will be paid for not to exceed $500.

**FINANCIAL ASSISTANCE** is based on academic performance and submission requirement. 1 student will be selected every year provided funds are available.

***CRITERIA***

* Applicants must currently be enrolled in nursing school.
* ***Must be a member of The Great Nurse***
* Applicants must Address the following: How can this award be beneficial to nursing students. What resources should be made available for education? What other creative ways can educators facilitate learning? These factors must be addressed in a video no longer than 10 minutes long. The video must be entertaining and creative.
* If you are selected as the recipient, your syllabus for the upcoming term must be provided within 15 days of notification. If it is not received, the award will be offered to the next recipient
* **Applicants must agree to have their story/video shared on The Great Nurse website\*\*\***
* The application must be filled out, scanned and emailed to[scholarships@thegreatnurse.com](mailto: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.
* **The** Award will be mailed after reviewing your syllabus

**Application Process**

**SCHOLARSHIP APPLICANTS MUST PROVIDE:**

* Completed application form.
* Official proof of academic standing (unofficial transcript).
* Video no longer than 10 minutes long addressing how can this award be beneficial to nursing students. What resources should be made available for education? What other creative ways can educators facilitate learning?
* Everything emailed to Scholarships@thegreatnurse.com

**Please Email your application, transcript, video 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 | Please briefly describe what your video will address | | |
| 6 | I agree to have The Great Nurse, LLC Publish my video on their site If awarded the NCLEX FEE Award  ——————————————— ———————————————————————  Print Name Sign | | |
| 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 video may be taken and used on the website

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