



New Orleans Area Organization of Nurse Executives

An Affiliate of A.O.N.E.

Scholarship Packet

Graduate Level

Rev 2.2014

New Orleans Association of Nurse Executives

Mission -The organization provides leadership, professional development, advocacy and resources to advance nursing practice and patient care, promote nursing leadership expertise and impact health care public policy

Vision - Excellence in Nursing Leadership throughout the New Orleans Area

ELIGIBILITY REQUIREMENTS

- Students must be enrolled full-time or part-time in a graduate program in nursing.
- Candidates must be employed in state of Louisiana in a nurse educational level position or nurse manager/director role or higher
- Grade point average 3.5 or higher. Must provide most recent grade sheet.
- 1 professional letter of recommendation from faculty member in graduate program.
- Membership in professional organization-proof required

DEADLINES

Annual award \$1500.00:

Applications accepted must be postmarked by April 11th, 2014 and are to be awarded on May 16th, 2014

All applications and proof documents outlined in application form can be mailed directly to:

Lynn Winfield (NOAONE secretary)

3808 Neyrey Drive

Metairie, La. 70002

Email: lwinfiel@chnola.org Office: 504-896-9442

New Orleans Association of Nurse Executives

-Scholarship Application Form

Name: _____

Last 4-Digits of Social Security Number: _____

Present Address: _____

Home Phone: () _____ Cell Phone: () _____

Member of AONE or local chapter Yes No Specify if yes: _____

Employer: _____ Employer Address: _____

Work Phone: () _____ Work E-mail: _____

Current position held: _____

Professional Organization: (submit proof) _____

Committee participation: _____

Graduate Program: _____ Admit Term: _____

Current GPA: _____ (attach most recent grade sheet)

Anticipated Date of Graduation: _____

Community involvement: _____

Are you currently paying tuition? Yes No If Yes attach recent tuition statement or projected cost of future semester.

Have you or are you receiving financial assistance from any source other than the School of Nursing for your graduate study? Yes No

If yes, identify the source of financial assistance, amounts and date or term in which you received aid. Include anticipated amount you will receive from any source, i.e. loans, scholarships, etc.
