

Society of Otorhinolaryngology and Head-Neck Nurses  
**SCHOLARSHIP: RN TO BSN  
APPLICATION**

**ELIGIBILITY REQUIREMENTS:**

DATE: \_\_\_\_\_

1. Submit to SOHN National Headquarters by July 1
2. Current Member of SOHN
3. May not be a member of the SOHN Board of Directors

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ CURRENT CREDENTIALS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**EMPLOYMENT:**

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SCHOOL: SCHOOL OF NURSING YOU ARE PRESENTLY ATTENDING**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ATTACHMENTS: PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

1. Enclose a copy of current registration form in BSN program (min. 6 hours/semester).
2. Enclose a copy of current transcript (must be min. 3.0 GPA on a 4.0 scale).
3. Submit tuition cost per hour. Provide documentation of need for financial assistance and current assistance received.
4. Letters of recommendation (letters should contain statements identifying the commitment, learning ability, and quality of performance of the applicant).
  - a. From a SOHN member.
  - b. From an instructor or manager (not the same person as SOHN member)
  - c. From any person you may wish to select.
5. Narrative (750-1000 words) describing your past or current SOHN involvement, future SOHN goals and desire for advancing your degree in Nursing.

**SCHOLARSHIP INFORMATION:**

A monetary award established by the SOHN Board of Directors will be awarded each year at the Annual Congress.

**RETURN TO:**

SOCIETY OF OTORHINOLARYNGOLOGY AND HEAD-NECK NURSES, INC.  
207 Downing Street, New Smyrna Beach, FL 32168  
Ph: 386-428-1695 Fax: 386-423-7566 E-mail: [sohn1@earthlink.net](mailto:sohn1@earthlink.net)