

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

ELIGIBILITY REQUIREMENTS:

Submit to SOHN National Headquarters by July 1st

DATE: _____

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).
 - 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.
3. Narrative (500-750 words) describing your goals in Nursing and SOHN (include participation at SOHN Congress and local SOHN chapter educational offerings).

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