

Society of Otorhinolaryngology and Head-Neck Nurses
**SCHOLARSHIP: GRADUATE LEVEL IN NURSING
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 enrollment in a graduate in nursing program (min. 6 hours/semester).
2. Enclose a copy of recent transcripts (must be min. 3.0 GPA on a 4.0 scale).
3. Submit tuition cost per hour. Enclose a statement/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