**THE CATHOLIC UNIVERSITY OF AMERICA**

**CONWAY SCHOOL OF NURSING**

**Policy on Graduate Scholarships**

**Introduction:**

Thanks to the generosity of our donors, the Conway School of Nursing has a limited amount of scholarships to award to graduate students based on merit and service. To ensure that all students have an opportunity to be considered, the scholarships will be available to students for their first two to three years of enrollment depending on the program (see the details below).

**Eligibility to Apply:**

**1**. Must be a United States citizen, National, or permanent resident. Persons with a temporary or student visa are not eligible.

2. Agree to only using scholarship awards for tuition expenses in a Conway School of Nursing degree-granting program.

3) Be within the time limits for each program listed below:

| **Academic Program** | **Years Enrolled in Program** |
| --- | --- |
| MSN | Up to 3 Years |
| Post Master’s DNP | Up to 2 years |
| BSN to DNP | Up to 4 Years |
| PhD | Up to 4 Years |

\* Students who go on a Leave of Absence (LOA) will not be guaranteed an additional year of eligibility. Requests for an extension after a LOA will be considered on an individual basis and might be limited by the availability of funding.

**Selection Criteria:**

* Grade point average
* Essay on career goals and reason for selecting the specific Conway School of Nursing program
* Service to school and community

**Application Process:**

**Students enrolled before November 10, 2023:**

1. Meet with program director by **October 30, 2023** for advisement on which courses to register for the following academic year.
2. Acknowledge the scholarship is to support tuition only.
3. Submit the application form and essay by **November 10, 2023** for a Fall 2024 - Summer 2025 scholarship.

**Students planning to enroll for the first time Fall 2024:**

1. Meet with program director by **May 1, 2024** for advisement on which courses to register for in the upcoming academic year.
2. Acknowledge that the scholarship is to support tuition only.
3. Submit the application form and essay **by May 23, 2024** for a Fall 2024 - Summer 2025 scholarship.

**All students:**

1. Submit your application by e-mailing the completed form and narrative summary to Chavonne Thomas (thomasc@cua.edu) and/or Patrick Maxwell (maxwellp@cua.edu).

2. **Submit the signed application as a typed PDF. We will not accept any hand-written applications except for the signature. The application must be signed in blue ink OR can be electronically signed in the following manner “First Name/Last Name /s/” (i.e. Jane Doe /s/). The narrative summary should be submitted as a Word document.** Do not submit manuscripts, papers, or other files not specifically required in the application

3. A receipt e-mail from **Chavonne Thomas (****thomasc@cua.edu****)** confirming receipt of the application verifies successful submission.

4. If you do not receive an e-mail confirmation, you must notify Ms. Thomas that you submitted an application but did not receive a confirmation e-mail message.

5. The Scholarship Committee members will review all completed applications after the submission deadline

Tuition

The number of students applying, the number of credits the student will enroll in during the academic year, the amount of available funding, and score of the application will influence the amount awarded to each student. If students enroll in fewer credits than indicated on their scholarship application, the amount of the scholarship will be reduced based on the number of credits the student actually enrolled.

This policy may be changed by the Conway School of Nursing without notice.

Notification

**Notification of currently enrolled students will take place no later than January 15, 2024.** Scholarship awardees will be notified through their Cardinal e-mail accounts.

**Scholarship Application**

**Section 1: Personal Data**

Name (last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address Street)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cardinal e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Employment**

Please list current work employment.

| Position  | Employer  | Dates of Employment |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 3: Service Experience**

Please list all service experiences within the past three years. Possible examples include:

* participation in CSON/university activities or committees, teaching assistant experiences
* professional organization service, committees
* community work such as services to underserved populations.

Please list any activities in which you have participated that support the mission of the CSON (i.e., admission events, open houses, or working as a TA or lab/clinical instructor). If you have functioned as a clinical instructor, identify the number of clinical sections that you have instructed.

| Position/Role  | Organization | Dates |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4: Other Financial Assistance**

Please list any other type of financial assistance for the upcoming school year. Document any other grants, scholarships, or tuition support.

| Type of Assistance  | Organization  | Amount |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 5: Current CSON Degree Program in which you are enrolled:**

Total Credits you anticipate having completed this academic year toward degree: \_\_\_\_\_\_\_\_\_\_

Credits remaining to complete after this academic year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of admission to program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6 Identification of Semesters for which Funding Is Requested**

For each semester, please identify the number of courses and credit hours for which you are seeking funding.

| Semester  | **Number of courses**  | **Number of credit hours** |
| --- | --- | --- |
| Fall 2024 |  |  |
| Spring 2025 |  |  |
| Summer 2025 |  |  |

**Section 7: Narrative Summary**

Please provide a brief summary (a minimum of 800 words and a maximum of 900 words) of how the Conway School of Nursing at The Catholic University of America with its mission will prepare you to achieve your personal and professional goals.

CSON Mission:

<https://nursing.catholic.edu/about-us/mission/index.html>

**Section 8: Certification Statement**

I, the undersigned, hereby certify that, all of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name