

Susan Arneson Scholarship Information

Susan Arneson Scholarship

Announcement Date:	February of each year
Announced to:	Friends and families of NDAHc
Application Deadline:	July 15 of each year
Amount of Scholarship:	\$500
Number of Recipients:	1
Award Date:	Announced in August to the recipient, the Recipients hometown newspaper, etc
Criteria:	NDAHc members and/or their friends/family who are completing an LPN/RN degree, Advanced degree in nursing, or related field
Date Payment is Issued:	August of each year

**GUIDELINES FOR THE
SUSAN ARNESON NORTH DAKOTA
ASSOCIATION FOR HOME CARE
SCHOLARSHIP**

Description

In February of 2000 the North Dakota Association for Home Care became the recipient of money from memorials given following the sudden and tragic death of Susan Arneson. Sue was president of the North Dakota Association for Home Care (NDAHC) at the time of her death. In order to honor the memory of Sue, NDAHC established a scholarship fund. This scholarship provides financial assistance to qualified North Dakota residents who have been accepted into an approved LPN, associate, baccalaureate or masters degree nursing (or related field) education program.

Qualifications

1. Member, friend or family of the North Dakota Association for Home Care (NDAHC).
2. Financial Need.
3. Scholarly ability (minimum post-high school cumulative GPA of 2.5 on a 4.0 scale).
4. Acceptance into an approved LPN, associate, baccalaureate or masters degree in nursing (or related field) education program.
5. Professional goals consistent with the philosophy of NDAHC.
6. All necessary application forms completed and on file in the NDAHC office by **JULY 15** of the year in which consideration is made for scholarship.
7. Must be a current member, or affiliated with a current member, of the NDAHC.

Process

1. Scholarship applications are sent to persons expressing interest each March.
2. The Scholarship Committee is appointed by the NDAHC Governing Council.
3. Disbursements are made to the extent that funds are available.
4. Scholarship recipients are notified by the fall semester.

Application Forms Required

1. Scholarship application form
2. Transcripts verifying GPA (or most recent college transcripts)
3. Three personal recommendations from non-relatives (it is recommended that at least one be from a nursing peer).
4. Verification of acceptance into a LPN, associate, baccalaureate or masters degree nursing (or related field) education program.
5. Autobiography to be used in the NDAHC newsletter.

RETURN REQUIRED FORMS BY **JULY 15** TO:

Scholarship Selection Committee
North Dakota Association for Home Care
P.O. Box 2175
Bismarck, North Dakota 58502-2175

Scholarship Application
Susan Arneson
North Dakota Association for Home Care
Scholarship

APPLICATION DEADLINE: July 15 of each year

- DIRECTIONS:**
- 1. Complete the Scholarship Application
 - 2. Attach:
 - a) Evidence of acceptance into an accredited LPN/RN or Advance Nursing degree program.
 - b) A statement about yourself which includes your personal and professional goals.
 - 3. Request:
 - a) Three letters of reference from a non-relative (preferably one to be a nursing peer) which addresses your potential for successfully completing a LPN/RN or advance nursing degree program.
 - b) Most recent academic transcript, where applicable.
 - 4. Return Scholarship Application and attachments to:

Scholarship Selection Committee
NDAHC
P. O. Box 2175
Bismarck, ND 58502-2175

1. Demographic Profile

DATE: _____

NAME: _____
Last First Middle (Maiden)

ADDRESS: _____
Street City State Zip Code

Applying for: undergraduate scholarship
 graduate scholarship

Name and location of the college/university applicant will attend/is attending:

Is the institution currently accredited _____ Yes _____ No _____ Pending

Birth Date: _____ Phone: Home (_____) _____

Social Security Number: _____.

2. Education

School Name	City/State	Dates Attended	Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Employment (List most recent first)

Agency	Title/Type of Position	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Special Interests and Activities:

5. List Professional Organizations and years involved:

6. Reasons for applying for this scholarship:

7. Community Service

8. List and honors/awards you have received:

9. Future goals:

10. Additional Information:

I certify that, to my knowledge, the information in this application and required documentation is correct.

Signature of Applicant

Date

**North Dakota Association for Home Care
Susan Arneson Scholarship**

Verification of Acceptance into a LPN Program, Associate or Baccalaureate Nursing
Degree or Advanced Related Degree Educational Program

Name of Applicant: _____

The student named above has submitted an application to the North Dakota Association for Home Care for a scholarship. Before the application can be considered, it is necessary that we know that individual has been accepted into an approved LPN, associate, baccalaureate or masters degree (or other related field) education program. Please complete the following information and return it to the NDAHHC office by **JULY 15.**

Name of School: _____

Please check:

- Accepted into LPN program
- Accepted into associate degree nursing program
- Accepted into baccalaureate nursing program
- Accepted into advance degree program

Comments:

Signature of Administrator of Educational Program

Date