

Columbus Medical Association Alliance

1390 Dublin Rd. Columbus, Ohio 43215

The Columbus Medical Association Alliance has established a scholarship fund for undergrad Nursing students. The scholarship is to be awarded on the basis of academic standing, personal potential and need as determined by the school involved. Awards are to be applied for tuition fees, books and/or uniforms. Monetary awards are a scholarship and not a loan. The monetary amount of the scholarship awards will be based on available funds, as determined by the Board of Directors.

Eligibility Criteria:

1. Applicant shall anticipate full time enrollment in an accredited College or University in Franklin County.

2. Applicant shall be in the third year, undergrad, of nursing education at their respective institution.

3. Applicant may not be an Alliance member or related to an Alliance member.

4. Applicant shall submit 2 letters of recommendation: one each from the Dean of the school and a clinical instructor.

5. Mail all required documents on or before May 30, 2014 to Aireen V. Aguilar, c/o CMA Alliance Scholarship chairperson, 6204 Olentangy River Rd., Worthington, OH 43085

Recipients will be invited and be present at the Columbus Medical Association Alliance scholarship recognition event in November. The coordinator/scholarship chairperson of the Columbus Medical Association Alliance or representative be invited to be a part of the donor presentation in your respective institution.



Columbus Medical Association Alliance 1390 Dublin Rd., Columbus, Ohio 43215 Application for Nursing Student Scholarship

Name:
Home Address:
CityZip
Telephone: Home /Cell
Email
Nursing School
Dean of Nursing Dept
Nursing School Address
Year in SchoolGPA
Yes [] No [] Educational Loans/Grants or other scholarship
<u>_ist them with the amounts for each</u>
Yes [] No [] Are you or do you have a family member that is currently a member of the Columbus Medical Association or its' Alliance?
Please attach a brief (500 words or less) personal statement describing your career plans and goals. Explain now this financial assistance will help you attain your goals.
SignatureDate
Confidentiality: Any information that is submitted by an applicant or guardian for scholarship eligibility will not be eleased without prior consent from the applicant or guardian

Yes [] No [] I agree to release name and/or photo in the Jottings, CMAA website or any news release.

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