Scholarship Award Policy

Policy Number: 5.2 Reviewed: 11/2017, 10/2021, 5/2026 Revised: 6/2021, 5/2026 EB Reviewed & Approved: 6/2026 Original Date: 8/2017

PURPOSE

To establish guidelines for screening applicants for the PNAVA Nursing Scholarship Award. The purpose is to award a $1,000.00 scholarship annually to a nursing student in the last year of his/her curriculum pursuing an undergraduate/graduate degree in nursing/healthcare related field.

POLICY

1. The committee shall be responsible for developing and communicating criteria for various scholarships available to members.
2. It is responsible for the selection process of nominated recipients and makes recommendations regarding qualified recipients for approval of the Executive Board.
3. The Scholarship Committee shall have at least 3-5 PNAVA members appointed by the President and approved by the Executive Board.

PROCEDURE

1. Guidelines will be followed for screening applicants.
2. Each applicant will submit a completed application and required documents electronically (e-mail each attachment separately) to the PNAVA Scholarship Committee beginning July 16 and no later than October 16 of the current year. Late applications will not be accepted.
3. The Scholarship Committee will send the Applicant a letter indicating the status of their application on official PNAVA letterhead.

The eligibility criteria and requirements include:

1. Applicant is currently enrolled in nursing courses required for a nursing degree [ ] Undergraduate degree [ ] Graduate degree

2. Applicant's transcript shows evidence of good standing and completion (Applicant has at least one more semester to complete before graduating in order to use the scholarship funds towards an undergraduate degree).

3. Proof of current enrollment in an accredited undergraduate and/or graduate nursing program in the geography of 50miles within Hampton Roads
4. Grade Point Average (GPA) of 3.0 or better. An official transcript of record must accompany the application.
5. Two letters of references
    a. Letter of recommendation from a school faculty member
    b. Letter of recommendation from an employment supervisor or a PNAVA community leader or member.
6. Brief 250-word essay typewritten, double spaced indicating the following:
    a. Reason for financial assistance
    b. Academic professional goals
    c. Challenges encountered in pursuing a nursing career and how he/she has overcome them.
    d. Extracurricular activities and community involvement
    e. Resume
    f. 2x2 picture
7. The award recipient must:
    a. Be present at a designated meeting to receive the award.
    b. Serve as a PNAVA member or volunteer as evidence of commitment

Procedure for the Awardee: Complete the Application Form (see attachment)

Procedure for Awardee Selection:

1. The Scholarship Committee Chairperson shall submit the committee's decision and recommendations to the Executive Board for approval four weeks prior to the awarding of the scholarship.
2. The Scholarship Committee chairperson shall notify the awardee of the decision of the Executive Board in writing and/or via best available means of communication 30 days prior to the awarding of the scholarship.
3. The awardee must be present to receive the award.

REFERENCE (S)

ATTACHMENT(S)

1. Scholarship Award Application Form
2. Photo Release Consent
3. Scholarship Review Form
4. Revision History

Attachment #1 Scholarship Form

Print form layout should be revised to electronic entry and insert PNAVA LOGO

Nursing Scholarship
Award Application Form

Instruction: Please fill completely, scan and send as an attachment (see instructions below) and e-mail the application form along with the required documents to the attention of the PNAVA Scholarship Committee Chair

1. Name _____ Address _
2. Phone number: _____ E-mail _____
3. Name of nursing university or college _____

1. Financial Assistance Office of Director _
2. Student's ID _
3. School address _
4. Date of last enrollment _____ Date of current enrollment _____
5. (Attachment 1) Type 250 word essay, double space indicating the following:
    - Reason for financial assistance
    - Academic and professional goals
    - Challenges encountered in pursuing nursing career and how you overcame them
    - Extracurricular activities and community involvement
2. (Attachment 2) Transcript of academic records
3. (Attachment 3) Two letters of recommendations
    - From a faculty
    - From an Employer/Supervisor
    - From a PNAVA Chapter leader or member
4. (Attachment 4) Resume/Curriculum Vitae: Develop your resume/CV in chronological order as applicable and listed below:
    - Work experience
    - Education and Certification (include evidence of CEU and current certification card)
    - Publication/Research (Do not include article)
    - Community activities/Leadership Roles
    - Professional Affiliation (include membership card)

- Awards and Achievement (include photocopy of awards from the last two years only)

5. (Attachment 5) Passport size photo. Please include a signed photo consent form.

Attachment 2: Photo release Consent

Print form layout

Philippine Nurses Association of Virginia
Nursing Scholarship Awards
Photo Release Consent

I authorize the PNAVA Scholarship Committee to publish the attached photograph.

I further consent that the above can be used by the Committee for:

- Publication
- As part of an exhibit
- As part of a visual presentation

I waive any right to compensation for the above uses. I hold PNAVA harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

Furthermore, the photograph hereby submitted becomes property of PNAVA and I will not in any way claim or demand for its return.

The term photograph as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc, and any other mechanical means of recording and reproducing images.

Signature: Date:

Name: _____

Attach here a most recent official photo of the applicant. (Passport size photo, jpeg format)

Attachment #3:

Philippine Nurses Association of Virginia, Inc
Scholarship Application Review Form

Applicant's Name: _____
Reviewer: _____

Transcript Review Checklist:
[ ] Applicant is currently enrolled in nursing courses required for a nursing degree [ ] Undergraduate degree [ ] Graduate degree
[ ] Applicant's transcript shows evidence of good standing and completion (Applicant has at least one more semester to complete before graduating in order to use the scholarship funds towards an undergraduate degree).

[ ] GPA is 3.0 higher. Comments or concerns regarding GPA
_____
_____

Personal Statement Score:
Please evaluate the applicant's personal essay on how the scholarship assists to attain the goal. (Please evaluate the applicant's personal statement on their reasons for choosing a nursing career.Please score using a 1 to 10 scale with 10 being the highest score, indicate any evidence of financial need, and provide any supporting comments below). Shows evidence of financial need: **Yes [ ] No [ ]**
If yes, describe:
_____

Personal Statement Score ____
What stood out to you about the personal statement?
_____
_____

Resume/CV:
Please evaluate the strength of the applicant's resume, including community service, full-time and part-time employment, awards, scholarships, professional organizations, and any honors received. Please score using a 1 to 10 scale with 10

being the highest score.

Resume Score _____
What stood out about the resume?
_____
_____

Letter of Recommendation
[ ] At least two included
Please evaluate the strength of the applicant's letter(s) of recommendation. Please score using a 1 to 10 scale with 10 being the highest score.
Letter(s) of Recommendation Score: _____
Comments:
_____
_____

Total Score (add each category) Maximum score 30 points: _____

Attachment 3: Revision History

Authored by: Perry Francisco
President: Hilo Laxa, 2017
Reviewed and Revised by: P&P Committee 10/2021
President: Catherine Paler 2020-2022

Reviewed and Revised by: Scholarship Committee 6/2026
President: Rose Williams 2025/2026