Criteria for Scholarship Application via Video

To ensure that Arizona has a sustainable nursing workforce to continuously enhance and strengthen Arizona nurses’ ability to deliver safe, quality care and assure health and wellness for all, Arizona Foundation for the Future of Nursing (AzFFN) offers a variety of scholarships.

AzFFN is offering two $2500.00 academic scholarships to students currently enrolled in a prelicensure Bachelor of Science in Nursing (BSN) program.

Criteria for Eligibility

- Enrolled in a prelicensure BSN Nursing Program or Associate Degree in Nursing with concurrent enrollment in a BSN Nursing program
- Completed at least one semester of the BSN nursing program curriculum
- Member of Student Nurses Association
- Submit a 7–10-minute video responding to the content criteria outline (video should be recorded in landscape orientation with adequate lighting in a quiet space, background should be neutral and should not contain personal visuals such as name or school, videos should not contain distractions such as other individuals in the background or excessive extraneous noise)
- If selected for the scholarship award, the recipient agrees to be present to receive the award and allow the video to be shown at the Annual AZNA Convention, September 21-22, 2023. COMPLETE THE ATTESTION BELOW AND SUBMIT ALONG WITH VIDEO.

Attach Evidence of Current Enrollment and completion of one semester of BSN Curriculum:

Applicants are required to:

- submit current documentation of enrollment in a BSN nursing program. Such documentation must identify applicant and school and may include, but is not limited to, a transcript (official or unofficial) or current course schedule, and
- submit a letter of reference from a current faculty member in the BSN program attesting to your commitment to leadership and nursing practice.
- If this information is not attached, the video will be automatically rejected.
Outline of Criteria for Content to be presented in a 7–10-minute video

1) Introduction
   a. Brief Biographical description
   b. Brief explanation of why you are pursuing a career in nursing
   c. Where you are in your BSN program curriculum

2) Potential for leadership in nursing (merit)
   a. Personal leadership qualities
   b. Community Service and extracurricular activities demonstrate leadership ability
   c. Member of and level of involvement in Student Nurses Association
   d. Academic or community awards, honors, special recognitions of previous or current leadership

3) Commitment to professional nursing in Arizona
   a. Commitment to nursing practice in Arizona (include short- and long-term goals)
   b. Indicate what area(s) of nursing practice are of personal interest
   c. Describe reasons for why the selected area(s) of practice are of personal interest

4) Diversity/Equity Impact
   a. Identify your own unique qualities and experiences that will enable you to promote diversity, equity, and inclusion (DEI) in your future workplace.
   b. How will embracing diversity allow you to connect to those whom you will care for and the communities they reside in? When thinking about your answer, consider diversity in ethnicity, gender, culture, geography, demographics, language, etc.

5) Rationale for financial assistance
   a. Number of credit hours enrolled in for current semester
   b. Number of remaining credit hours and estimated Dollar amount required to complete your BSN program
   c. Identify any other scholarships or supplemental financial aid used to defray tuition expenses
   d. Describe any situation (work, family, debts) which could interfere with successfully completing the BSN program

Amount of Award

$2500.00
Monies granted to the individual may be considered to be taxable income. Grant monies are to be used to pay for educational expenses and will be delivered directly to the bursar at the applicant's educational institution.

**Terms of Acceptance**

1. Recipients must meet eligibility criteria
2. Recipients must consent to have video shown at the AzNA Annual Convention
3. Recipients consent to be present for the presentation of award at the AzNA Annual Convention.

Applications via video are competitive and are reviewed independently by registered nurses. Decisions are criterion-based and non-discriminatory. At the discretion of the reviewers, telephone interviews may be conducted to facilitate the decision-making process.

1. Potential for leadership in nursing (merit)
2. Commitment to professional nursing in Arizona
3. Diversity/Equity Impact to whom you will care for
4. Expressed need for financial assistance

**Submission Due Date:** August 17, 2023

**Submission Instructions:**

1. Record your video as instructed above.
2. Gather required documentation (evidence of enrollment, letter of recommendation, attestation below)
3. Rename all files with your first initial and last name, along with identifier of file content. (Example: J Doe_EvidenceOfEnrollment.pdf, J Doe_Letter of Recommendation.doc, J Doe_Video.mp4, J Doe_Attestation.doc)
4. Zip all files into a single folder, rename the folder with first initial and last name
5. **Upload to the Submission Folder HERE**

**Questions?**

Email info@aznurse.org or call 480.351.8585
ATTESTATION OF VIDEO RELEASE PERMISSIONS

I, (please print your name) __________________________, give the Arizona Foundation for the Future of Nursing the absolute right and permission to use a photograph(s) and or video(s) of me in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I release the Arizona Foundation for the Future of Nursing, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Name

__________________________________________

Signature

__________________________________________

Date

__________________________________________

Address

__________________________________________

City, State, Zip

__________________________________________

Phone

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Email

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