



SCHOLARSHIP GUIDELINES

- To qualify for the OSHNA Nursing Scholarship, you must be:
 - a high school senior, currently attending an international or DoDEA high school.
 - planning to obtain a degree in nursing.
- Criteria used by the OSHNA Board of Directors select candidates:
 - 2 letters of reference
 - Completed application with 2 essays
 - Signed official high school transcript
 - GPA requirements are as follows: 3.0 minimum GPA
- Only completed application packets will be reviewed.
 - Refer to section F of application form for the required documentation. Applicants will be notified by email if application is incomplete and will only be considered if applicant resubmits necessary documents before the April 15th deadline. If all documents, to include transcripts, are not received by April 15, the application will be considered incomplete.
 - Completed packets must be emailed to: oshnaboardofdirectors@gmail.com
- Funds will be awarded and names of recipients will be announced in May of the award year.
- Recipients agree to participate in follow-up surveys related to the Scholarship Program.
- Recipients must opt out on the Identification Form if they do not consent to publication distribution through news media and the OSHNA website.

**The APPLICATION DEADLINE IS April 15th of the current application year.
No exceptions will be made for late applications.**



ID#: _____

For blind review, please enter your birthdate (MMDDYY) and first letter of your last name for ID# in the box above.

OSHNA Nursing Scholarship IDENTIFICATION FORM

Name _____	First	Middle	Last
Current Address _____			
Country of Passport Issue: _____			
Best Phone Number to Reach You: (country code) _____			
Email Address (REQUIRED): _____ <i>*Most communication about scholarships are done via email.</i>			

AGREEMENT: Please initial by the statements you agree with and sign at the bottom.

_____ All information provided is accurate to the best of my knowledge. If information is found to be incorrect, I understand that I will forfeit the scholarship.

_____ My name and image **may be** used for public relations purposes (i.e. Overseas School Health Nurses Association publications, press releases to news media).

--OR-- _____ My name and image **may not be** used for public relations purposes.

This will not affect the scoring of your scholarship application.

Signature

Date

Your signature is required.