



KENTUCKY ORGANIZATION OF NURSE LEADERS

9-16-2024

Dear Applicant,

I am pleased to inform you that KONL will be awarding one scholarship during the spring and fall semester, each valued at \$1,000 to students within our Kentucky Nursing Community as a means of promoting professional growth and development.

The scholarship money must be used, and receipts submitted within 12 months of the award. The awards will go to a RN completing a baccalaureate nursing program (BSN), completing a graduate or postgraduate nursing program. Applicants must be currently enrolled in a BSN, MSN, PhD, or DNP program and have a GPA of 3.5 or above. Pass/ failure programs will be considered.

Applications should be submitted electronically to Amber Cross at amber.cross@deaconess.com or by mail to 4604 US-60 HWY Morganfield, KY 42437, KONL Scholarship, Amber Cross. Successful applicants will be notified via email address on application or by phone/written notice if no email address. Scholarships recipients will be recognized at the Kentucky Organization of Nurse Leaders Annual Meeting Spring and Fall conferences.

Applications must be received by December 5th, 2024.

Attached are copies of the KONL Scholarship application form. Please distribute these applications to students and staff in your organization who meet the criteria and who would benefit from the support of our professional organization.

Thank you in advance for your assistance in distributing this information to eligible candidates.

Sincerely,

Amber Cross, MHA, BSN, RN, PCCN-k, NE-BC

KONL Scholarship Committee Chair



KENTUCKY ORGANIZATION OF NURSE LEADERS

Scholarship Application

Application # _____

Requirements:

1. Be a current member of KONL (Kentucky Organization of Nurse Leaders)
2. Be currently enrolled in an accredited BSN, MSN, PhD, or DNP Program
3. The applicant must be working in a Kentucky hospital or in a Kentucky healthcare organization, including institutions of higher learning.
4. Have a GPA of 3.5 or above. Programs with a pass/failure will be considered.
5. Submit an unofficial transcript of current studies
6. Submit two letters of reference with this application from a direct supervisor or faculty member that delineates your commitment to nursing in the community, academic, or work setting.
7. Submit a one-paged personal statement with this application which describes your personal nursing philosophy, the role of nursing in DEI (diversity, equality, inclusion), and how achieving your academic goals will enhance your nursing practice.

(Please print or type all information clearly – answer all questions)

Section 1 * Applicant Information

Name Last _____ First _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Are you currently an RN? Yes No License # _____ State _____

Are you a US Citizen? Yes No If non-US Citizen, Indicate immigration status _____

I am currently a member of KONL and have been since: _____

Section 2 * Work Information

Current employment place _____

Current position _____

Section 3 * Academic History

Current School of Nursing _____

Address _____ City _____ State _____ Zip _____

Name of Dean/Director _____ Phone _____

Expected Date of Graduation _____ Type of Program BSN MSN PHD DNP



Current Enrollment Status Full Time Part Time Number of credits this semester _____

Are you receiving any other professional nursing scholarships? ____ yes ____ no.

If yes, in what amount? _____

Section 4 * Other colleges or schools of nursing attended

School _____

Address _____ City _____ State _____ Zip _____

Major _____ Degree Earned? Yes No Year graduated/attended _____

School _____

Address _____ City _____ State _____ Zip _____

Major _____ Degree Earned? Yes No Year graduated/attended _____

School _____

Address _____ City _____ State _____ Zip _____

Major _____ Degree Earned? Yes No Year graduated/attended _____

May add additional page if needed.

Section 5 * Certification and Agreement

I certify that I meet all eligibility standards, and all information is true and correct to the best of my knowledge.

I understand that: falsification of my application or other attachments will disqualify my application; failure to follow all instructions to complete the application will render my application incomplete; and that all selection committee decisions are final.

I understand that the completed application and associated documents become KONL property. By signing this agreement, permission is granted to KONL allowing the request to verify information in the application.

I understand that the scholarship money must be used within 12 months of its receipt and that I will be required to submit proof of money spent (receipts) for tuition and/or class supplies such as books, computer, etc. within 12 months of the award to amber.cross@deaconess.com.

Applicant Signature _____

Date _____

Thank you for completing this form!

Scholarship recipients are notified in email or writing. **Only winners are notified.**

**All applications will be destroyed once scholarship winner awarded.

Questions? Contact Amber Cross, Chair, KONL Scholarship Committee phone #270-389-5075 or amber.cross@deaconess.com