

**FOUNDATION OF THE NATIONAL STUDENT NURSES' ASSOCIATION, INC.**

*In Memory of Frances Tompkins*

45 Main Street, Suite 606

Brooklyn, NY 11201

Phone: (718) 210-0705

[WWW.NSNA.ORG](http://WWW.NSNA.ORG) - CLICK ON FOUNDATION

**Promise of Nursing  
Regional Faculty Fellowship Program**

**APPLICATION**

**To prepare Registered Nurses for the Nurse Educator Role**

**DEADLINE: APPLICATION MUST BE RECEIVED BY FRIDAY, MARCH 7, 2008**

Registered nurses enrolled in graduate level, degree-granting colleges and universities in selected regions of the US may be eligible to apply for a Promise of Nursing Regional Faculty Fellowship (PON Fellowship). The PON Fellowship is designed to assist RN's who are preparing for the nurse educator role to achieve their degrees. PON Fellowships are awarded annually and may be applied toward tuition, academic fees, and books. Award amounts range from \$1,000 to \$7,500 per academic year.

Funding for the Promise of Nursing Regional Faculty Fellowship Program is contributed by several hospitals and health care agencies, by Johnson & Johnson, and by national companies with an interest in supporting nursing education. The funds are raised at gala fundraising events sponsored by Johnson & Johnson. The Promise of Nursing Faculty Fellowship Program is administered by the Foundation of the National Student Nurses' Association (FNSNA).

**Eligibility Requirements**

In order to be eligible for the PON Fellowship, applicants must meet all of the following criteria:

- Be a registered nurse;
- Be a US citizen or an Alien with U.S. Permanent Resident Status/ Alien Registration Number;
- Be enrolled and matriculated in a state approved graduate school in one of the Promise of Nursing regions (see list of eligible zip codes at [www.nсна.org](http://www.nсна.org) - click on Foundation);
- Currently taking courses and registered for no less than six (6) credits; (in the case of doctoral completion, students who maintain "required continuous enrollment" are also eligible);
- Attend school in an eligible zip code area and be committed to staying within that region upon completion of their program;
- Students who live and work as a faculty member in a Promise of Nursing region and are enrolled in an online degree granting program are also eligible;
- Document academic excellence;
- Establish financial need;
- Document the commitment to the nurse educator role and plan to serve in this capacity upon completion of the program.

### **Selection, Notification, and Payment of Fellowship**

Selection of PON Fellowship recipients is based on academic achievement, financial need, commitment to the nurse educator role, and the plan to serve in this capacity upon completion of the program. All factors are carefully considered. A selection committee is appointed by the FNSNA Board of Trustees to select recipients. Upon selection and verification that the recipient meets all the required enrollment criteria, a check is issued payable to the school for deposit in the recipient's tuition account.

### **Eligible Regions for the Promise of Nursing Regional Faculty Fellowship Program**

Specific regions around the United States have been designated as eligible regions for the Promise of Nursing Regional Faculty Fellowship Program. The list below indicates the eligible Promise of Nursing Regions. Those regions marked with an asterisk (\*) are those regions where specific zip codes within the region are eligible. For further information about eligible zip codes within a specific region, please visit [www.nsna.org](http://www.nsna.org) – click on Foundation.

**Please note that the applicant must attend school in one of the eligible zip code regions.**

Southern California\*

Florida\*

Georgia

Louisiana

Massachusetts

Mississippi

New Jersey

Oregon

Tennessee

Texas\*

Washington

### **IMPORTANT NOTICE TO ALL APPLICANTS**

Once submitted for review, the completed application and associated documents become the property of the FNSNA. By signing the certification and agreement, permission is granted to the FNSNA to request and/or verify information in the application and in the tuition account from the Dean/Director and/or the Financial Aid Administrator at your school.

**PROMISE OF NURSING REGIONAL FACULTY FELLOWSHIP  
APPLICATION**

**INSTRUCTIONS**

Please read the instructions carefully. Failure to follow all instructions may result in disqualification.

- 1) Complete sections 1 - 4, 6, 7, and 9 on the application.
  - 2) The Dean/Director/Chair/Faculty Advisor of your program must complete Section 5.
  - 3) A representative from your school's Financial Aid Office must complete Section 8.
  - 4) Complete the top portion of Section 9 (Required Attachments) and submit it with your completed application.
  - 5) Attach a copy of your RN license.
  - 6) An official transcript must accompany this application. Grade reports for the fall semester are acceptable.
  - 7) Applicants must submit one letter of reference from a professional colleague who can attest to your commitment to become a nurse educator.
  - 8) Attach a copy of your curriculum vitae (CV) to your application.
  - 9) Submit one original and one copy of the application, attachments and reference letter.
  - 10) Do not include information that is not requested. Do not include photos.
  - 11) Only complete applications will be considered. The Selection Committee does not accept separate documents after the application has been received.
  - 12) Fellowship recipients will be notified by letter in May. Enclose a stamped, self-addressed postcard if you would like us to acknowledge receipt of your application.
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Mail the completed application and supporting documentation to:

**Promise of Nursing Regional Faculty Fellowship  
Foundation of the National Student Nurses' Association  
45 Main Street, Suite 606  
Brooklyn, NY 11201**

**Applications must be received by Friday, March 7, 2008**

Please keep a copy of the completed application for your files. It is recommended that you send the application the application via express mail so that it can be tracked if necessary. FNSNA assumes no responsibility for applications not received at our Brooklyn offices, incomplete applications, or applications received after the deadline.

# PROMISE OF NURSING REGIONAL FACULTY FELLOWSHIP APPLICATION

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## SECTION 1: Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address Valid until (mm/dd/yy): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a US Citizen or an Alien with U.S. Permanent Resident Status?     Yes     No

Gender:     Female     Male    Date of Birth (mm/dd/yy): \_\_\_\_\_

Marital Status:     Single     Married     Divorced     Widowed

Ethnicity (optional):

- Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Mixed Race
- Other (please indicate ethnicity)

How did you hear about the Promise of Nursing Regional Faculty Fellowship Program?

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**Section 2: Academic Information**

College/University: \_\_\_\_\_

Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Dean/Director/Chair: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Name of Faculty Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Program:     Master's Degree Program                       Doctoral Degree Program

What type of degree will you receive? (i.e.: MA, MEd, MSN, PhD, EdD): \_\_\_\_\_

Program Start Date: \_\_\_\_\_                      Expected Date of Graduation: \_\_\_\_\_

Type of School:     Public     Private Not-for-Profit                       Private for Profit

Are you enrolled in an online program?     Yes                       No

Current Enrollment Status:     Full Time     Part Time    Current number of Credits: \_\_\_\_\_

**Please indicate the number of credits you plan to take during the following semesters:**

Fall 2008: \_\_\_\_\_    Spring 2009: \_\_\_\_\_    Summer 2009: \_\_\_\_\_

**Educational History: Please list all nursing school and college preparation to date.**

Dates Attended (mm-yy)	Institution & Location	Program	Degree/Diploma/Certificate	GPA	Graduation Date (month/year)

ATTENTION DOCTORAL STUDENTS ONLY:

Have you passed doctoral qualifying/certification/comprehensive exam?     Yes     No

If your answer was yes, when did you pass the exam? \_\_\_\_\_ (month/year)

If your answer was NO, when will take the exam? \_\_\_\_\_ (month/year)

Has your doctoral research proposal been approved?     Yes \_\_\_\_\_ (month/year)     No

**Section 3: Employment Information**

Are you currently employed as a faculty member in a nursing program?  Yes  No

If YES, Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Current Status of Employment:  Full Time  Part Time  Adjunct  Joint Appointment

Do you receive tuition reimbursement/waiver where you are employed?  Yes  No

If YES, please indicate the following:  Tuition Reimbursement  Tuition Waiver

How many credits per year are covered by the tuition reimbursement/waiver? \_\_\_\_\_ credits

**If you are not currently employed as a faculty member in a nursing program, please indicate your current place of employment:**

Current Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you receive tuition reimbursement from your current employer?  Yes  No

If YES, how many credits per year are covered by your reimbursement? \_\_\_\_\_ credits

If the degree you are pursuing is not in a nursing education program, please indicate how the program will prepare you for the role of nurse educator?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the area of research/thesis project that you are planning to or are currently engaged in and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4: Student Expenses and Resources**

List projected expenses and resources for the 2008 – 2009 academic year, including summer school (if applicable).

**NOTE: Review all expenses and resources carefully and include all anticipated income and reasonable expenses that you/your family will incur during the 2008 – 2009 academic year.**

Sources of Income for 2008-2009	Amount	Expenses for 2008 – 2009 Academic year	Amount
Annual Salary (Self)		Tuition & Academic Fees	
Annual Salary (Spouse)		Books	
Military/VA/GI Benefits		Rent/Mortgage payments/Utilities	
Social Security Benefits		Food	
Student Loans		Transportation	
Scholarship/Fellowship/Grants		Medical/Dental	
Other (List)		Other (List)	
<b>Total Resources</b>		<b>Total Expenses</b>	

Indicate the number of dependents you report on your personal income tax: \_\_\_\_\_ dependents

Are you currently serving in the Military?  Yes  No

If YES, which branch? \_\_\_\_\_ Rank: \_\_\_\_\_

Are there any other family members attending college during the 2008 – 2009 academic year?

Yes  No

Have you previously received a PON Fellowship?  Yes  No

If YES, when did you receive the fellowship (mm/yy)? \_\_\_\_\_

**List Fellowships/Scholarships you have received in the past year and if they are approved for the 2008 – 2009 academic year.**

Fellowship/Scholarship	Amount	Awarded By	Approved for 2008 - 2009
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5: Dean/Director/Chair or Faculty Advisor Certification**

This section must be completed by the Dean/Director/Chair or Faculty Advisor at the school you are attending. Please print out this section for completion.

**Student Name:** \_\_\_\_\_

The above named student is applying for a Promise of Nursing Regional Faculty Fellowship. Please complete the following information:

Is the student preparing for the nurse educator role?  Yes  No

What is the student's GPA (on a 4.0 scale)? \_\_\_\_\_

**Current Status:**

Expected Date of Graduation: \_\_\_\_\_

Expected Date of Dissertation Proposal: \_\_\_\_\_

Expected Date of Dissertation Defense: \_\_\_\_\_

Please write a brief statement including but not limited to the student's academic standing, expectation to succeed in the program; scholarly and professional activities, attributes that support the student's anticipated career goal to become a nurse educator.

I hereby certify that I have answered these questions to the best of my knowledge and recommend this student for consideration for a Promise of Nursing Regional Faculty Fellowship.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## **Section 6: Personal Statement**

In the space below, describe your education, research, and career goals and how the PON Fellowship will help you achieve those goals. Include any special circumstances that you would like the selection committee to be aware of. Your statement should not exceed 200 words. Please use 12 point type.

**Section 7: Certification and Agreement** (Please read this section carefully before providing your signature)

**Name of Student:** \_\_\_\_\_

I hereby request consideration and believe myself to be eligible to apply for a Promise of Nursing Regional Faculty Fellowship administered by the FNSNA. I have completed all necessary paperwork and certify that all information supplied on this application is complete and correct. I understand that: falsification of information on my application, transcripts or other attachments will disqualify my application; failure to follow all instructions to complete the application will render my application incomplete; and that all FNSNA Board of Trustees decisions are final.

I understand that the completed application and associated documents become FNSNA property. By signing this agreement, permission is granted to FNSNA to request and/or verify information in the application and in my tuition account from the Dean/Director and/or the Financial Administrator of the graduate program.

If I am a recipient of a PON Fellowship administered by the FNSNA and funds are awarded to me, by signing this agreement I also agree to the following terms:

- Notify the FNSNA of any change in my address, phone number, and email address.
- Fellowship funds will only be used towards tuition, academic fees and books for the Fall 2008, Spring 2009, and Summer 2009 semesters in the school that I currently attend. This Fellowship will not be used to pay any other charge or expense I may incur while I am in graduate school.
- To enroll as a part time (minimum of 6 credits) or full time student pursuing a graduate degree preparing me for the nurse educator role.
- Notify FNSNA if my career goals change and I am no longer committed to preparation for the nurse educator role and to return the full amount of the PON Fellowship to the FNSNA.
- Fellowship funds will only be released to the school, specifically to the Office of Financial Aid or Bursar. The check is made payable to the school towards my tuition account.
- To notify the FNSNA of any change in my enrollment status or program status.
- If I transfer to another program before the tuition is paid, the total Fellowship amount must be returned to the FNSNA.
- If I transfer to another school that is eligible to receive Promise of Nursing Fellowship funds, I understand that I must submit a written request along with enrollment verification to the FNSNA to request that any available funds be applied to tuition at the new school.
- If funds remain after tuition and academic fees are paid, the total amount remaining must be returned to the FNSNA. Remaining funds may not be used for the following academic year.
- I grant the FNSNA permission to request information from my school about my tuition account.
- If I withdraw from the program BEFORE tuition is paid, all funds are to be returned to the FNSNA. If I withdraw from the program AFTER tuition is paid, all funds are to be returned to FNSNA.
- That this application and all attachments/enclosures become the property of the FNSNA.

I have read the above information thoroughly and certify that if I am awarded a PON Fellowship administered by the FNSNA, I agree to the terms and conditions of the PON Fellowship outlined herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 8: Financial Aid Certification**

(This form is to be completed by a Financial Aid Administrator at your school)

Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Please provide us with the most current information available on the above named student.

- 1) What is the total Cost of Attendance (COA)? \$\_\_\_\_\_
- 2) For which academic year? \_\_\_\_\_  Estimate  Actual
- 3) Estimated budget/expenses for the 2008 - 2009 academic year:
 

Tuition/Fees _____	Housing _____
Loans _____	Transportation _____
Books _____	Personal/Misc. _____
- 4) What is the Estimated Family Contribution (EFC)? \_\_\_\_\_
- 5) Using the 4.0 scale, what is the student's current cumulative grade point average? \_\_\_\_\_
- 6) Is this student a U.S. Citizen or an Alien with U.S. Permanent Resident Status? \_\_\_\_\_
- 7) What is the per credit tuition rate for 2008 - 2009 at your school? \_\_\_\_\_
- 8) Type of School:     Public     Private Not-for Profit     Private For-Profit
- 9) Estimate of financial need to support tuition, academic fees, and books for this student:
  - Very High     High     Moderate     Low     No Need

FAA Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

► If this student is awarded a PON Fellowship, checks are sent to the financial aid or bursar's office for deposit in the student's tuition account. Please indicate the mailing address where the check is to be mailed:

Send to attention of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Thank you for completing this form!*

**Section 9: Required Attachments and Application Check List**

Student's Name: \_\_\_\_\_

Zip Code of the school that you attend: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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**Required Attachments**

**Please check:**

- I have completed all required sections of the application.
- I have enclosed an original and one copy of my application.
- I have attached my Curriculum Vitae (CV).
- I have attached my current official academic transcript in a sealed school envelope.
- The Dean/Director/Chair or Faculty Advisor Certification is completed and signed.
- I have completed my personal statement.
- I have read and signed the Certification and Agreement statement.
- I have attached one letter of reference.
- I have attached the Financial Aid Certification.
- I have attached a copy of my RN license.

**Fellowship Recipients are notified by letter in May.**  
**Questions, contact Jasmine Melendez at**  
**(718) 210 -0705 Ext.118 or [jasmine@nsna.org](mailto:jasmine@nsna.org)**  
**Mail the completed application and supporting documentation to:**  
**Promise of Nursing Faculty Fellowship**  
**Foundation of the NSNA**  
**45 Main Street, Suite 606**  
**Brooklyn, NY 11201**

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**FOR FNSNA USE ONLY**

Eligible for Promise of Nursing (based on zip code)

YES                       NO                      Region: \_\_\_\_\_

Application Complete  
 Application Incomplete Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_