

# JOHNS HOPKINS UNIVERSITY

## School of Nursing

We are pleased to announce a new scholarship opportunity for applicants to the Accelerated 13.5 month baccalaureate program entering in June of 2010. With a grant from the Robert Wood Johnson Foundation (RWJF) and in association with the American Association of Colleges of Nursing (AACN), the Johns Hopkins University School of Nursing (JHUSON) will offer six scholarships of \$10,000 each to students from disadvantaged backgrounds or underrepresented groups in nursing.

The RWJF and the AACN **New Careers in Nursing (NCIN) Scholarship Program** is designed to help alleviate the nursing shortage and increase diversity in the nursing workforce.

To be eligible for the scholarship applicants must:

- Meet eligibility requirements for the Accelerated baccalaureate program in nursing, and be accepted to the class entering in June 2010
- Demonstrate significant financial need as evidenced by the [FAFSA](#)
- Be a member of a group underrepresented in nursing (racial or ethnic minority and/or male)
- Be a U.S. citizen or permanent resident of the U.S.
- Be willing to participate in NCIN leadership and mentorship programs at the JHUSON and provide stewardship and post-graduation follow-up to RWJF and the AACN

To apply for the scholarship applicants must:

- Complete the Scholarship application
- Submit a typed personal statement (maximum two pages double spaced) addressing the following:  
*Please describe how your receipt of a \$10,000 scholarship at JHUSON and participation in mentorship and leadership activities might assist your career goals in nursing.*
- Return both documents no later than **February 15, 2010** to:

### **New Careers in Nursing Scholarship (RWJF/AACN)**

c/o  
Sandra Angell  
Associate Dean for Student Affairs  
Johns Hopkins University School of Nursing  
525 North Wolfe Street, Room 118  
Baltimore, Maryland 21205

JOHNS HOPKINS  
UNIVERSITY  
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THE ROBERT WOOD JOHNSON FOUNDATION/AMERICAN ASSOCIATION OF COLLEGES OF NURSING  
NEW CAREERS IN NURSING SCHOLARSHIP PROGRAM

SCHOLARSHIP APPLICATION DATA FORM

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

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

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

U.S. Citizenship: Yes \_\_\_\_\_ No \_\_\_\_\_ or Permanent Resident: Yes \_\_\_\_\_

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

Home or Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

I have read the eligibility requirements and terms of New Careers in Nursing Scholarship Program, and if awarded, I agree to the conditions of the Scholarship.

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

Please return **completed Application Data Form** including your signature along with your **personal statement** no later than **February 15, 2010** to:

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