
MARCH OF DIMES ARIZONA CHAPTER NURSING SCHOLARSHIP

In an on-going commitment to provide access to nursing education opportunities and ensure the future of quality healthcare in Arizona, the University of Phoenix, in partnership with March of Dimes Arizona Chapter, is offering two scholarships for the degrees of LPN to BSN or MSN/Ed. A scholarship for full tuition and fees will be awarded for each of these degree programs. Eligible applicants may not be currently enrolled at University of Phoenix.

SELECTION CRITERIA

Candidates for a nursing scholarship to the University of Phoenix must demonstrate the following to be considered:

1. Applicants who reside in the United States must meet one of the following requirements: be a legal resident of the United States; have been granted permanent residency; have a valid visa that does not prohibit educational studies; have been granted temporary protected status along with approved Notice of Action issued by Citizen Immigration Services and verified through CIS Form g-845; or have been granted asylum along with the approved Notice of Action issued by the Citizen Immigration Services.
2. Applicant must be a resident of Arizona.
3. Are not receiving 100% tuition reimbursement.
4. Are not employees or family members of employees of Apollo Group, Inc., University of Phoenix, Western International University, Institute for Professional Development or any other subsidiary of Apollo Group, Inc.
5. Submit a complete, signed application, together with all supporting documentation, if any, by the deadline date listed below. The completion of the application form does not create an obligation to award a scholarship to applicant.
6. Submit a completed questionnaire. High importance will be placed on the applicant's desire to advance in their education, with an emphasis on furthering their careers, and their impact in the community for which they reside. To be considered, the questionnaire must meet the following requirements:
 - a. Each of the five questions should be answered in complete sentences and paragraph format with approximately 350-500 words. Please focus on your individual qualities as well as your educational and professional goals.
 - b. Double spaced
 - c. 12 point font
 - d. 8 x 11 paper
 - e. Pages must be paper-clipped together (no staples)
7. If you are applying for the LPN/BSN scholarship:
 - Applicant must hold a current Arizona Practical Nurse License that is valid, unrestricted and unencumbered. Please provide a photocopy of your license.
 - Recipient must meet all admission requirements for the LPN/LVN programs as stated in the University catalog.
8. If you are applying for the MSN/Ed scholarship:
 - Applicant must hold a current Arizona Registered Nurse License that is valid, unrestricted and unencumbered and a bachelor's degree in Nursing or other accredited bachelor's degree. Please provide a photocopy of your license.
 - Recipient must meet all admission requirements for the MSN/Ed program as stated in the University catalog.

CHECK LIST

1. March of Dimes Arizona Chapter Nursing Scholarship Form completed and signed
2. Complete essay questions (5 total)
3. A photocopy of your nursing license
4. Copy of current resume
5. Keep a copy of entire packet for your records

SELECTION PROCESS

1. The recipient of this Scholarship will be selected by the Scholarship Committee consisting of representatives from University of Phoenix, March of Dimes, and healthcare representatives from the Phoenix region.
2. It is the student's responsibility to submit a complete application and all the supporting documentation in one package which must be received on or before the deadline date as set forth below. The decision of the Scholarship Committee is final and not subject to a review process.
3. Scholarship selection shall be made without regard to race, color, religion, national origin, sex, or disability.
4. The scholarship will be based on the overall quality of the application, and the committee's scores for the scholarship essays. The higher average score, the better chance you have of receiving a scholarship.
5. Finalists will be invited to a live interview.

Deadline Date:

A complete application and supporting documentation, if any, must be received on or before March 31, 2010. Applications received after the designated deadline date will not be considered. No exceptions.

Award Date:

The Scholarship Committee will determine the recipients of the scholarship by May 12, 2010. You will be notified via email on the award date regarding the status of your scholarship.

SUBMISSION INSTRUCTIONS:

All materials must be submitted by mail to the following address and received on or before the deadline date.

March of Dimes Arizona Chapter
Attn: Sandy LeClaire
3550 N. Central Avenue #610
Phoenix, AZ 85012

For any additional information, please contact Sandy LeClaire at AZ601@marchofdimes.com.

Deadline extensions will not be granted. The Scholarship Committee accepts no responsibility for incomplete applications, applications not in proper form, lost applications, or any other submission in exception to the above instructions.

STUDENT INFORMATION

Full Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Evening: _____

Email Address: _____

Degree Program: _____

Please check the box for the University of Phoenix scholarship you are applying for:

Undergraduate

Graduate

Professional Memberships:

Healthcare Community Service Activities:

ESSAY QUESTIONS

On a separate document, please answer each question in paragraph format (approximately 4-7 sentences).

1. What are your major accomplishments, how have they impacted your life? Do not limit yourself to recognized / celebrated accomplishments, but include those which may have seemed small at the time they occurred but became crucial when placed in the context of your life.
2. When you consider your nursing career, what attribute, quality, or skill distinguishes you from everyone else? How did you develop this attribute?
3. What is your greatest strength and what area do you think you could improve? How do your strengths complement your career choice? On areas which may seem a weakness, what are your strategies for improvement?
4. How do you envision your future in nursing practice and how will additional education through the University of Phoenix contribute to this vision?
5. Identify the top 3 challenges facing the health care and nursing field today and discuss how you could impact one of these with additional education.

TERMS, CONDITIONS AND DISTRIBUTION OF FUNDS

By applying for a University of Phoenix scholarship and/or accepting the scholarship award, the applicant/recipient agrees to the following terms, conditions, and the distribution of scholarship funds.

1. All application submissions shall become the property of Apollo Group, Inc. and University of Phoenix regardless if applicant is awarded the scholarship. In addition, you agree to cooperate with the Apollo Group, Inc. and/or University in executing a consent and release form if requested.
2. Upon the award of the scholarship and applicant's acceptance, Apollo Group, Inc. and/or University of Phoenix shall have the right to use and republish submitted application and any of its contents to reference and acknowledge applicant's/recipient's name and authorship of the application for any purpose, whatsoever. In addition, applicant/recipient agrees to cooperate with the Apollo Group, Inc. and/or University of Phoenix in executing a consent and release form if requested.
3. Scholarship award is a non-cash credit to your University account in the amount stated by scholarship. No check or other cash monies will be given and/or refunded to student at any time. No exceptions.
4. Scholarship may be applied to tuition and all fees only; education supplies and living expenses are not included.
5. Applicant/recipient must meet all University of Phoenix admissions requirements for selected program and campus. Information available in the University of Phoenix Catalog.
6. Applicant/recipient must be fully registered and have a schedule built no later than thirty (30) days following the scholarship award date, unless otherwise determined by the Scholarship Committee and/or University officials in their sole discretion.
7. Applicant/recipient must stay in attendance as a full time student with no more than a twenty-nine (29) day break (or 21 days if attending a Georgia campus) between classes.
8. Applicant/recipient must maintain the minimum grade point average for selected degree program, make satisfactory progress towards completing selected degree program (satisfactory progress is measured as successfully completing a minimum of 16 credits during each 24 attempted credits), and complete selected degree program within the maximum time frame allowed according to federal regulations (The maximum time frame allowed is based on the required number of credits for graduation from the degree program, less any transfer or assessed credits, times 150%).
9. Should recipient withdraw from or otherwise fail to complete a course for which registered and for which the Scholarship or a portion of the Scholarship has been used to pay, any refund due shall be only applied to recipient's University Account as a non-cash credit. In no event will any cash refund be given at any time. No exceptions.
10. If recipient wishes to re-take a course, recipient must pay the entire cost of the course. No scholarship award will be given on a re-taken course. A "re-take" of a course means scholarship recipient has completed the course to a point of earning a letter grade of A–F and has been scheduled to repeat the same course.
11. Recipient will relinquish all unused scholarship credits should recipient fail to meet the above terms and conditions for any reason. Determinations of failure to meet the stated terms will be made by the Scholarship Committee and/or University officials in their sole discretion. Any unused portion of the Scholarship will be returned to the University.
12. These terms and conditions are in addition to any other terms and conditions set forth in any other part of this document. Any necessary determination or clarification as to the interpretation or to the application of a particular term shall be made by the Scholarship Committee and/or University officials in their sole discretion.
13. Failure to comply with the terms and conditions of the scholarship will result in termination of the scholarship.
14. In the event that any provision of the terms and conditions of this Scholarship shall be held void, voidable, or unenforceable, the remaining provisions of shall remain in full force and effect.

ACKNOWLEDGEMENT

1. I have read and agreed to the stated Terms and Conditions of the scholarship and I understand the nature of the Scholarship and the extent of my obligations.
2. I certify to the best of my knowledge and ability that the above statements are true and correct. I understand that any misrepresentation or omission of fact is cause for disqualification and my application will not be considered.
3. This application is subject to the policies and procedures set forth in the applicable University catalog in the event of a conflict between the terms of the scholarship and the catalog, the terms of the scholarship will control.

Signature: _____ **Date:** _____

If signatory/applicant is under the age of 18, the Parent or Legal Guardian must also sign below. By signing below said Parent or Legal Guardian represents that he/she has the legal right to and does consent to the terms and conditions of this scholarship. Said Parent or Legal Guardian further certifies to the best of his/her ability that the information contained in this application is accurate.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Address (If different from child's): _____

Daytime Phone Number: _____ **Evening:** _____