

**PHILIPPINE NURSES ASSOCIATION OF GREATER KANSAS CITY**

**PNAGKC Scholarship Application**

1.The Philippine Nurses Association of Greater Kansas City (PNAGKC) is offering scholarship awards to student currently enrolled in an accredited school of nursing pursuing the following nursing degrees:

a. Undergraduate (Associate’s or Bachelor’s)

2. Criteria for Application:

* 1. Must have completed first academic year of nursing school
  2. Must be currently enrolled or have been accepted into the second academic year in an accredited nursing program.
  3. GPA of 3.0 on a 4 scale or better.
  4. Family income average or below average (PhP313,000 in 2018)

3.Application must be received at the exact deadline. The following documents must be submitted:

* 1. Completed typed Application Form.
  2. Passport size photo.
  3. Proof of enrollment to the second academic year.
  4. Academic transcript of records (Copy is acceptable)
  5. Income tax form of parents, guardian, or student
  6. Certificates of awards, recognition and/or honors received
  7. Letters of recommendation, one (1) from peer and one (1) from faculty or supervisor
  8. Photo Release Consent

4. The school and the applicant will be contacted by via email after all the process of selection is completed.

5. Arrangements will be made with the school regarding disbursement of the scholarship award upon consultation with the awardee.



**PHILIPPINE NURSES ASSOCIATION OF GREATER KANSAS CITY**

**Scholarship Application Form**

**Instructions**:

1. Print the application, complete it, and email to [marcjmolitor@gmail.com](mailto:marcjmolitor@gmail.com)

**\*Online application accepted with complete requirements attached on or before April 4, 2023.**

1. All applicants will be notified of the results on **May 26, 2023**
2. Incomplete applications will not be honored.

**Application Deadline. April 4, 2023.**

**General Information**

Name with Full Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Permanent Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / Department Address to Send Award To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Academic Status (check one):

Undergraduate

* ADN
* BSN

Name of School of Nursing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name to Confirm Student Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2022-2023 Enrollment Status (check one):

* Full Time
* Part Time

Semester of the Program Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_

**Biographical Information:**

Educational Experience (list most recent first)

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Degree Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Degree Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Degree Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Awards, recognition and/or honors received: (**Please include copy of certificates**)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Disclaimer:* The Philippine Nurses Association of Greater Kansas City (PNAGKC) reserves the right to cancel scholarship grants or awards based on availability of funds. The scholarship committee reserves the right to disqualify an applicant if requirements are not fully met and submitted in a timely manner.

I certify that all information provided in this application is true and accurate to the best of my knowledge. I am aware that any misinformation provided and failure to meet all requirements will result in my disqualification from the scholarship program of PNAGKC.

I also agree that this application and all credentials submitted by me and others on my behalf are true to the best of my knowledge, and that these will remain the property of PNAGKC.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**PHILIPPINE NURSES ASSOCIATION OF GREATER KANSAS CITY**

**PHOTO RELEASE CONSENT**

I authorize the PNAGKC SCHOLARSHIP COMMITTEE to publish the attached photograph

I further consent that the attached photograph can be used for:

● Publication

● As part of an exhibit

● As part of a visual presentation

I waive my right to compensation for the above uses. I hold the PNAGKC harmless from and against any claims against any claim for injury or compensation resulting from the activities authorized by this agreement.

Furthermore, the photograph hereby submitted becomes a property of PNAGKC and I will not in any way claim or demand for its return.

The term “photograph” as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc and any other means of recording and reproducing images.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Attach a most recent official photo of the scholarship recipient  
(Passport size, black and white or colored picture accepted or digital images)**