



IntelyCare™/FNAMA Scholarship to Advance Diversity in Nursing

The IntelyCare/Foundation for Nursing Advancement in Massachusetts scholarship is for a student who has matriculated as a degree candidate and is enrolled either part-time or full-time in a nursing program. The **\$5,000 scholarship** can *only* be applied to tuition and fees.

Eligibility / Selection Criteria

Candidate

A successful IntelyCare/FNAMA Scholarship to Advance Diversity in Nursing candidate must be a:

- Student who has matriculated as a degree candidate and enrolled either part-time or full-time in a licensed practical nurse program accredited by the Massachusetts Board of Nursing **or** an associate, baccalaureate, masters, or doctoral degree program in nursing accredited by the Massachusetts Board of Nursing and/or the NLN-AC or CCNE as appropriate.

AND

- Must provide verification from the college or university of acceptance and/or enrollment in good standing into accredited nursing program.
- Must reside and/or practice in Massachusetts.
- Must *not* have been a recipient of an FNAMA or ANAMASS Scholarship or Award in previous two years.
- Complete a narrative (up to 500 words) explaining your educational goals and how you will use the funding
 - Please provide background info as appropriate - work experience, years in the profession, what has influenced your educational goals, etc.
- Include 1 letter of support (can be from faculty or colleague) *
- Identify as at least one of these ethnicities and must indicate which one (s):

- Alaskan Asian Black/African American Hispanic
 Hawaiian or Other Pacific Islander Native American

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Required Elements

Completed applications must be submitted by the required deadline.

Incomplete applications will not be considered.

The completed application should be submitted electronically and include:

- ✓ Application Form
- ✓ Brief narrative (up to 500 words) explaining your educational goals and how you will use the funding
- ✓ Letter of Support* from someone who can describe the applicant's ability and potential for contributing to nursing
- ✓ Verification of acceptance to or enrollment in a degree granting program, college or university
- ✓ Self-Identification of Diversity

Instructions for application completion & submission

Application must be submitted electronically as a single PDF by January 21st. Please complete all areas indicated with either text or check marks. Grey text boxes will auto expand to fit contents.

Receipt of applications will be confirmed by email.

Completed applications should be sent to: info@fnama.org

*Each person writing a Letter of Support should send it to the applicant who will be responsible for submitting the completed application in its entirety.

For additional information on how to create pdf's from other file types, please visit

[Create PDF files | Adobe Acrobat](#)

You can merge and combine PDF's online for free [Merge PDFs online for free | Adobe Acrobat](#)

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Application Form

Applicant Information

Name: _____

Address: _____

City/State/Zip: _____

Home phone (include area code): _____

E-mail address: _____

Name of degree granting program, college or university nursing program which the applicant has been accepted/is enrolled: _____

Degree Sought: _____(LPN, ADN, BSN, MSN, DNP, PHD)

You must identify as one of these ethnicities and indicate which one (s):

- Black/African American Asian Hispanic Hawaiian or Other Pacific Islander
 Native American Alaskan

I attest that all of the information contained in this application is true.

Applicant Signature: _____

The Applicant must return all documents together to FNAMA via email to info@fnama.org no later than **January 21st.**

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Letter of Support*

Please provide your assessment of the applicant's academic abilities and achievements and her/his potential contributions to nursing. Please also indicate in what capacity you know the applicant.

Signature: _____ Phone number: _____

Print Name: _____ Title: _____

Position: _____ Date: _____

Thank you in advance for completing this reference in a timely manner. May be completed using your own letterhead but please include the above information.

*Each person writing a Letter of Support should send it to the applicant who is responsible for submitting the completed application in its entirety.

⁺ The Applicant must return all documents together to FNAMA via email to info@fnama.org no later than **January 1st**.

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Applicant Essay

Describe your educational goals and how this scholarship would assist you in achieving your goals. Please provide background info as appropriate - work experience, years in the profession, what has influenced your educational goals, etc.

May be included in the pdf as a separate page.

Applicant Signature: _____

By signing, you are attesting that this essay is your own original work.

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Application Checklist

(Incomplete or partial applications will not be considered.)

Completed application submitted by applicant includes:

- Application Form**
- Essay**
- Letter of Support**
- Verification of acceptance to or enrollment in a college or university**

Must be submitted by **January 21st**

Completed applications should be sent **as a single PDF attachment** to: info@fnama.org