

**NURSE EDUCATORS OF ILLINOIS  
SCHOLARSHIP AWARD APPLICATION  
GRADUATE**

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

SPRING SEMESTER 2010 STUDENT STATUS: Full time:  Part-time (half time or more):

DATE OF ACCEPTANCE INTO PROGRAM: \_\_\_\_\_

FALL 2009 SEMESTER CUMULATIVE G.P.A. \_\_\_\_\_ *(must be supported by official transcript)*

EXPECTED GRADUATION DATE: \_\_\_\_\_

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION (eligibility criteria on reverse):

1. A letter documenting your professional leadership activities
2. A letter of recommendation from your a faculty member
3. An *official* transcript including grades for Fall 2009.

NAME OF NURSING PROGRAM: \_\_\_\_\_

IS PROGRAM ACCREDITED? Yes  No  Circle accrediting agency: NLNAC CCNE

IS PROGRAM A MEMBER OF NEI? Yes  No

IS APPLICANT A MEMBER OF NEI? Yes  No

NOTE: Eligibility for this scholarship *requires* that either the applicant or the applicant's program be an NEI member.

If I am a recipient of this award, I hereby grant permission for my name to be posted on the NEI website.  
Yes  No

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE: \_\_\_\_\_

Please return by April 30, 2010, to: Award Committee \* Nurse Educators of Illinois \* P. O. Box 695 \* Morton Grove, IL 60053

**Nurse Educators of Illinois  
Graduate Scholarship  
Eligibility Criteria**

- Full time or half time student in a graduate program of study leading to a degree with an emphasis in nursing, including a PhD, DNSc, DNP or NLNAC or CCNE accredited MS/MSN. **Nurse Educators of Illinois membership on an individual or program level required.**
- Cumulative grade point average of 3.5 from a possible 4.0 points. (Documented by official transcript reflecting Fall 2009 grades.).
- Evidence of leadership in the nursing profession.
- Recommendation of a nursing faculty member.
- Completed application form and supporting materials.

Amount of scholarship award: \$1,000