



**Wisconsin League
for Nursing**

2121 East Newport Avenue
Milwaukee, WI 53211
Tel: 888.755.3329
Fax: 888.755.3329
www.wisconsinwln.org
wln@wisconsinwln.org

December, 2007

To: Deans and Directors
NLN/NLNAC Affiliated Wisconsin Schools of Nursing

Re: WLN Scholarship Award Programs

In the WLN's dedication to assist our nursing students and to utilize the WLN's web site and aid the schools of nursing in advising their students about our scholarship program, we are attaching an informational letter to you plus a copy of the Scholarship Application Form. This Application Form will also be found on the WLN's web site which is www.wisconsinwln.org under the WLN Scholarship Program category.

Please direct this information to the person at your school most involved in obtaining scholarships for your students.

WLN will also email this information later in January as a follow up to be sure that your students are informed of the fact that WLN will be awarding approximately \$35,000 in awards in 2008.

If you have any questions, phone/Fax us at 888 755 3329 or email to wln@wisconsinwln.org.

We hope to receive applications from the students at your school.

Regards,
WISCONSIN LEAGUE FOR NURSING, INC.
Gerry Vogel, PhD, RN, Scholarship Chair
Ann Cook, PhD, RN, President
Marilyn Frenn, PhD, RN, President-Elect

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To: Deans and Directors, Wisconsin Schools of Nursing
From: Wisconsin League for Nursing, Inc.
Re: 2008 Nursing Scholarship Awards and Application Form

WLN is presenting two scholarship award programs in 2008.

April 18, 2008 – WLN scholarships donated by a variety of sponsors will be awarded to graduate and undergraduate nursing students. And one will be awarded to a WI high school senior who is a WI resident and has been accepted into a WI nursing school program.

October 3, 2008 – WLN scholarships completely funded by ANTHEM Blue Cross Blue Shield Foundation to 2 graduate/educator track, 26 undergraduate and 2 LPN students.

These nursing scholarship awards are for \$1,000 each except for the LPN awards which are \$500 each. WLN scholarships are available to WI students attending a WI program that meets at least one of the following criteria:

National League for Nursing (NLN) Agency Member
Accredited by the NLN Accrediting Commission (NLNAC)

Each Wisconsin school of nursing meeting the above criteria is invited to select applicants for these awards. The deadline for all applications for each year is March 15th of that year. APPLICATIONS MUST BE SUBMITTED THROUGH THE SCHOOL OF NURSING AND NOT DIRECTLY BY THE STUDENT TO WLN. Each program may submit a total of applications for 2 graduate students, 2 graduate/educator track students, 6 BSN/ADN students and 2 LPN. High School seniors, however, must submit their applications DIRECTLY TO THE WLN.

Each student needs to complete only one (1) application form which will be considered for both award programs. The High School Senior award is only presented in spring and the LPN awards are only presented in fall. Students graduating in spring of each year will only be considered for the spring awards. All other students will be considered for one of the two programs.

Students meeting the following criteria will be considered for WLN scholarship awards:

1. A resident of WI currently enrolled in a qualified WI school of nursing,
2. Completion of one half (1/2) the required credits for graduation (RN) or currently enrolled in a LPN program.
3. Evidence of scholastic achievement and personal characteristics reflective of a commitment to professional nursing
4. Financial need.

Students must submit a one page letter with the application form to assist the WLN Scholarship Selection Committee. The content and composition of the letter are an important factor in the Committee's decision making.

DEADLINE: March 15th of each year for the school to submit the application forms to: WLN % Mary Ann Tanner, WLN Adm. Secretary, P. O. Box 107, Long Lake, WI 54542-0107.

The application form is enclosed for your review and your distribution to your students as you wish. The form is also posted on WLN's web site: www.wisconsinwln.org and you may refer your students to it.

WLN will notify all scholarship recipients and their schools and will invite the student and a school representative to attend the awards ceremonies.

APPLICATION FORM
WLN SCHOLARSHIP AWARD PROGRAMS

The Wisconsin League for Nursing's (WLN) Scholarship Programs are available to Wisconsin residents currently enrolled in Wisconsin schools of nursing that are a NLN Agency Member or accredited by the NLN's Accrediting Commission (NLNAC). The applicant must have completed one half of the credits necessary for graduation. LPN applicants must be currently enrolled in an LPN program. One scholarship is awarded each spring to a Wisconsin High School senior accepted into a Wisconsin nursing program for the following fall.

WLN ANNUAL SCHOLARSHIP PROGRAMS:

SPRING: A variety of WLN scholarships for RN Graduate students, BSN/ADN students, and one WI H.S. Senior accepted into a WI nursing program (as above).

FALL: Scholarships fully funded by ANTHEM Blue Cross Blue Shield Foundation of WI. These scholarships are awarded to RN Graduate students, BSN/ADN students and LPN students.

NOTE: This application form serves for BOTH programs and should be submitted by MARCH 1st to your program's dean or chairperson for their submission to the WLN.

NOTE: High School Seniors should mail their application form with a copy of the acceptance letter from the nursing program they are planning to attend plus a letter of recommendation from a teacher to:
WLN Scholarship Program % Mary Ann Tanner, WLN Adm. Sec.,
P. O. Box 107, Long Lake, WI 54542-0107 by MARCH 1st.

Check the following to indicate the program you are currently in:

- _____ LPN
- _____ BSN
- _____ ADN
- _____ GRADUATE
- _____ GRADUATE/EDUCATOR TRACK
- _____ HIGH SCHOOL SENIOR (Mail direct to WLN including the above 2 letters)

The amounts of the awards are: \$500 for LPN and \$1,000 for all other programs. Please: LEGIBLE and in BLACK ink for duplicating purposes for grading by the Scholarship Committee members. IMPORTANT: ALL applicants are asked to write and attach a one page letter addressing the following areas:

1. Scholastic ability
2. Professional activities and/or community service and WSNA activities
3. Understanding of the nursing profession
4. Goals upon graduation
5. Financial need.

Name: _____ Phone: _____
Email: _____ Fax: _____

Address: _____
City: _____ Zip: _____

Marital Status: _____ Number of children: _____ Ages: _____ Ethnicity: _____

School currently attending: _____

Total credits required to graduate: _____ Total credits earned to date: _____

GPA: _____ Anticipated Graduation Date: _____

Current academic debit to date: \$ _____

Previous post-secondary schools attended:

School/city/state: _____ GPA: _____

Years enrolled: _____ Diploma/degree/certificate: _____

Other: _____

Employment:

Place/city: _____ Dates: _____

Position: _____ Hours/week: _____ Salary/week _____

Other: _____

Additional scholarship awards/grants/other:

Type: _____ Amount \$ _____

Type: _____ Amount \$ _____

Other: _____

Previous WLN award: _____

DEADLINE FOR APPLICATION: March 1st of each year