The Georgia Association of Nursing Students
Nursing Leadership Scholarship Application 2004

Sponsored by Piedmont Hospital

*(Deadline: Application must be **received** by, September 10, 2004)*

This scholarship was founded by a 2004 BSN graduate, Brandy Seyller and was made possible through the relationships formed while being involved with the GANS organization. She realized that advocating for the rights of others needs to be more supported in Nursing. The purpose of this scholarship is to promote the efforts of a Nursing student who has shown exceptional leadership qualities that will become an asset to the future of Nursing. This scholarship award is in the amount of $2,000.

To apply for the Nursing Leadership Scholarship, you MUST

- Complete an application and submit your resume.
- Provide a written statement explaining how you acted as an advocate for yourself, family, friends, peers, organization, or a patient. Include how your advocacy made a difference!
- Provide a statement of authenticity from someone familiar with your efforts of acting as an advocate.
- Provide a written statement of your involvement in any extra-curricular organizations, list your goals for any leadership position you held and how you met those goals. This statement must have reference contacts listed for verification purposes.
- Recommendations are not required, but may be submitted with your application if you feel it is necessary.
- Complete and email your application to seyller867@yahoo.com. You may also mail your application to:

  Traci Steinhauser
  1727 Country Parkway
  Lawrenceville, GA 30043

Only finalists are contacted.

Contact Information:

Your Name: _____
First Middle Last

Current Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address:_____

Telephone:_____ Fax:_____ Email:_____

Date of Birth:_____

Academic Information:

Current School of Nursing Enrollment:

Name: _____

Major/Classification: _____ Expected Graduation Date:_____

Advisor's Name: _____ Phone:_____ Email:_____

Do you currently hold a Nursing License? ☐ Yes ☐ No. If yes, License #: _____ State: ____

Other Academic Information:

College: _____
School Name Major Graduation (Mo/Yr) Major/Overall GPA

- Do you plan on pursuing a Masters Degree? ☐ Yes ☐ No.
- What specifically would you be interested in pursuing at the Masters level?
  _____
- Are you enrolled in a BSN program? ☐ Yes ☐ No.
- Are you enrolled in an ADN program? ☐ Yes ☐ No.

I hereby affirm that all the information provided is true and any false statement will forfeit my qualification for the consideration to the scholarship. This application is the sole property of the Georgia Association of Nursing Students. All information is strictly confidential and will not be returned.

_____ _____

Print your full name Date

The winner will be announced at the awards ceremony at the Georgia Association of Nursing Students convention October 16th 2004.