

**OMICRON DELTA SCHOLARSHIP  
APPLICATION FORM**

**Applications must be postmarked by January 30<sup>th</sup>  
(PLEASE TYPE)**

Applicants must demonstrate eligible criteria by completing the scholarship application. If an applicant demonstrates eligibility criteria for more than one scholarship and/or wishes to be considered in more than one category, a separate completed application including a description of funding criteria specific to each scholarship must be submitted.

Check which scholarship you are applying for:

- Dr. Pamela Fuller Founder's Scholarship (Novice)**
- Dr. Sandra L. Wise Founder's Scholarship (Expert)**
- Past President's Scholarship for Professional Development**

1. NAME: \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_
3. HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_
4. WORK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_
5. E-MAIL ADDRESS: \_\_\_\_\_
6. UNIVERSITY OF PHOENIX CAMPUS: \_\_\_\_\_
7. RN License Number and State: \_\_\_\_\_
8. STTI Membership Number: \_\_\_\_\_
9. Are you a member of Omicron Delta? Yes: \_\_\_\_ No: \_\_\_\_

## **INFORMATION REQUIRED FOR ALL SCHOLARSHIPS**

10. PLEASE ATTACH A COPY OF CURRENT TRANSCRIPT TO THIS APPLICATION.
11. CURRICULUM VITAE
  1. educational background
  2. professional experience
  3. professional development activities
  4. community service
  5. honors and awards
  6. publications, papers, or presentations
  7. other items that demonstrate professional accomplishments
12. PLEASE INCLUDE ONE LETTER OF REFERENCE: ONE PROFESSIONAL OR ONE ACADEMIC
13. STATEMENT OF NEED: 200 WORD ESSAY (typed, double-spaced) outlining the following:
  1. Specific need for funding
  2. How funding will be used
  3. Amount of funding requesting (up to \$2,000.00)
  4. Estimate of when the project/dissertation/ research will be completed
  5. Describe your project and how it will interface in professional nursing practice or research; describe projected outcomes

## **OMICRON DELTA CHECKLIST FOR FULLER AND WISE SCHOLARSHIPS**

- ✓ **APPLICATION FORM**
- ✓ **1 LETTER OF REFERENCE – One professional or one academic**
- ✓ **ESSAY**
- ✓ **COPY OF CURRENT TRANSCRIPTS**
- ✓ **CURRICULUM VITAE**
- ✓ **ADDITIONAL INFORMATION**

**ADDITIONAL REQUIREMENTS FOR THE PROFESSIONAL DEVELOPMENT SCHOLARSHIP:**

14. EVENT TO BE SPONSORED
15. PERSONAL OR PROFESSIONAL REASON FOR ATTENDING
16. EXPECTED OUTCOME FOR FUNDING
17. STATEMENT OF VALUE FOR OMICRON DELTA NEWSLETTER

**OMICRON DELTA CHECKLIST FOR PROFESSIONAL DEVELOPMENT SCHOLARSHIP:**

- ✓ APPLICATION FORM
- ✓ 1 LETTER OF REFERENCE – One professional or one academic
- ✓ ESSAY
- ✓ COPY OF CURRENT TRANSCRIPTS
- ✓ CURRICULUM VITAE
- ✓ ADDITIONAL INFORMATION
- ✓ Submission of conference brochure and course objectives (Professional development)
- ✓ Copy of acceptance letter to presentation at conference, as applicable (Professional development)

**MAIL OR FAX ALL DOCUMENTS TO:**

Omicron Delta Chapter  
Mailbox 125  
20875 N. Pima Road  
Phoenix, AZ 85255  
Attn: Scholarship Application  
FAX: 928-447-9694

Applications must be postmarked by January 30<sup>th</sup>

**NO DOCUMENTS WILL BE ACCEPTED AFTER FEBRUARY 14**