

**Queen's North Hawaii Community Hospital**  
**2023 Peggy Dineen - Orsini Nursing Scholarship**

*One (1) \$2,000 college scholarship is offered, annually, to residents of Hawaii County, including staff of Queen's North Hawaii Community Hospital (QNHCH) who demonstrate financial need and who, without assistance, would have no opportunity to attend college. The most important consideration in the selection process is financial need. Private donations along with the Medical Staff fund this program to encourage residents and staff, by way of higher education, to become productive members of our hospital and community.*

*Residents of North Hawaii, staff and contractual employees of Queen's North Hawaii Community Hospital will be considered on an equal basis with all other applicants.*

**ELIGIBILITY REQUIREMENTS:**

- *U.S. citizen or a permanent legal resident and a Hawaii County resident.*
- *Is enrolled or accepted for enrollment in an NLN accredited nursing program in the State of Hawaii or the mainland.*
- *Be enrolled with an accredited nursing program for each semester/quarter that scholarship funds are sought.*
- *Have and maintain at least a 3.0 GPA for each semester/quarter funds are sought.*
- *Agree to practice as a registered nurse in direct patient care for at least one year in a hospital in the State of Hawaii (preferably North Hawaii Community Hospital).*
- *Submit completed application packet, along with two photocopies of the entire completed application packet, by the final filing date.*

**APPLICATION REQUIREMENTS:**

- *The applicant must submit the completed application packet, plus two photocopies of the completed application packet, by the due date. The completed application packet consists of the following:*
- *The attached Peggy Dineen-Orsini Nursing Scholarship Program Application. Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.*
- *Submit two letters of recommendation. It is recommended that at least one letter be from a faculty person. The letters must be on letterhead, dated and signed within six months of the final filing date and must include a phone number for verification.*
- *Graduation date verification form with original signature, only if graduation date is not listed on official college transcripts.*
- *Official high school and/or college transcripts for the last two years. If you have been out of school for the past two years, submit your most recent transcripts. All official transcripts related to your nursing degree should be provided. If the upcoming academic year is the first year you will enroll in a nursing program, please submit official transcripts for your pre-nurse course work.*
- *A **one page** essay that speaks to your back ground, community involvement, work experience, career goals, academic performance and financial need*
- *Submit a copy of completed Free Application for Federal Student Aid (FAFSA) for applicable school year.*

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**SELECTION CRITERIA:**

- *Selection of scholarship recipients is based solely on information contained in the application packet. Therefore, applicants should provide specific responses to the questions in the space provided and the completion of the one page essay;*
- *Background – family structure, area(s) where you grew up (rural, urban, suburban or medically under served), socioeconomic status, achievements, challenges;*
- *Community involvement – documented volunteer service and activities particularly in medically under served areas;*
- *Work experience – nursing and non-nursing work experience;*
- *Career Goals – professional goals and plans for the next five to ten years;*
- *Academic Performance – prior and current academic performance and potential for future academic success; and*
- *Financial Need – actual or potential difficulty in completing education in the absence of financial assistance.*

**NOTIFICATION OF SCHOLARSHIP AWARDS:**

*Applicants will be notified within eight weeks of the final filing date of the decision on his/her application.*

*Mail all required documents to:*

*QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL  
67-1125 Mamalahoa Hwy.  
Kamuela, HI 96743  
Attention: Fund Development Department*

***DEADLINE: COMPLETED APPLICATION & ALL REQUIRED DOCUMENTS MUST BE RECEIVED OR POSTMARKED BY:  
DEADLINE – APRIL 30, 2023***

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**(Must be postmarked on or before *Deadline – April 30, 2023*)**

Name: _____	Telephone: _____
Address: _____ _____	Home: _____ Work: _____ Fax: _____
SS# _____	Male _____ Female _____
Name of School Currently Attending: _____	
RN License (No. & State) _____	Expiration Date: _____
<b>Basic Nursing Education</b>	
Institution presently attending: _____ Address: _____ _____	
Highest level of education obtained: _____	High School _____ College _____
Financial Aid Officer: _____	
Date of entry into NLN Accredited program: _____	Projected Completion Date: _____
Indicate any other scholarships and/or funding you are receiving or will be receiving: _____ _____	
<i>I confirm that I meet the eligibility criteria, and that the information on this application and any documentation submitted within is correct to the best of my knowledge. Falsification or failure to follow instructions will disqualify my application. I hereby give permission for QNHCH to use and duplicate submitted materials for the purposes of review, conference proceedings, association publications, promotions, and placement in QNHCH files. If awarded a scholarship by the QNHCH I agree to have a copy of my transcript, certification results, or contact hours sent to QNHCH – Scholarship Committee.</i>	
Signature: _____	Date: _____