



ARMENIAN AMERICAN NURSES ASSOCIATION

P.O. BOX 9593
GLENDALE, CA 91226
Tel. 818.839.0139

Website : www.armeniannurse.org
Email: armeniannurses@gmail.com

Board Members:

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PHN*
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Kristine Oganian, RN, BSN
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Salpi Boghokian, RN
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GNP, MN, RN, CDE*
Served 2013-2015; 1998-2004

*Rosine Der-Tavitian, RN, PHN,
CNS,MSN, MPH*
Served 2011-2013

Kohar Kesian, RN, MSN, PHN
Served 2009-2011

*Mary Konyalian, MSN, CNRN,
MA, MFT*
Served 2004-2009

Rosig Baroutjian, RN, BS
Served 1996-1998

*Salpy Akaragian, RN-BC, MN,
FLAN*
Served 1989-1996

APPLICATION AND SCHOLARSHIP CRITERIA

Application deadline: April 23, 2016
Selected students will be awarded: May 19, 2016

Scholarship Overview

One of the objectives of the Armenian American Nurses Association (AANA) is to allow its members the opportunity to advance their education and encourage students to pursue their career in the nursing profession.

This year the AANA Executive Board has decided to offer four scholarships of \$250 each to four eligible ADN/BSN nursing students of Armenian descent.

Scholarship Application Requirements

The applicant must be:

- Of Armenian descent at least one parent should be Armenian in origin
- A California resident
- AANA member in good standing, or pledge to become one
- Involved in volunteer community outreach activities
- The scholarship must be used for Nursing School tuition and/or books only
- In good academic standing and maintain a minimum 3.0 GPA
- Submit an essay of a minimum 300 words indicating:
 - What motivated her/him to study nursing
 - Why she/he should receive this scholarship
 - What her/his future goals are after graduation

Additional information:

- AANA's Executive Board will review and make the selections
- Two to three scholarships per year will be awarded in a given fiscal year (contingent on availability of funds)
- An individual will be awarded only once during nursing school years
- Mail your completed application to:

AANA
P.O. BOX 9593
GLENDALE, CA 91226

APPLICANT INFORMATION

SECTION 1

Full name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell: _____
Fax: _____ Email: _____
Name of College/University: _____
Type of Program: _____
Year started nursing school: _____
Anticipated date for completion/graduation: _____
Address: _____
Telephone: _____
Name of Nursing Director/Chair: _____
GPA for 2 quarters: _____

SECTION 2

Are you currently serving as a member for any association? Yes No
If yes, in what capacity? _____ Length of service: _____
Are you currently serving as a volunteer in any community organization? Yes No
If yes, which organization: _____
Description of leadership activities in school or in the community: _____

SECTION 3 (Answer on a separate page)

In 300 words please summarize (preferably typewritten)

- What motivated you to study nursing?
- Why you should receive this scholarship?
- What are your future goals after graduation?

SECTION 4

- Provide current academic reference letter
- Current reference letter attesting to Armenian community services

Signature of Applicant _____ Date Submitted _____

Approval Signature of AANA President _____ Date Approved _____