JACKSON AREA MINORITY MENTOR NURSES (JAMMN)

Making A Difference Through Service

Scholarship Packet
Educational Assistance

JAMMN

Website: tnjammn.org
Email: jammntn@yahoo.com

Deadline: October 31st

Mail to:
JAMMN
P.O. Box 3813
Jackson, TN 38303-3813
JAMMN Scholarship Program

Purpose: JAMMN provides scholarships and emergency aide to minority nursing students in order to encourage and assist with the financial obligation of higher learning. Annual awards will be made as long as funds are available.

Criteria: Applicants must:

- Be a minority Student currently enrolled in a college-based school of nursing;
- Submit ACT score, or college transcript showing a GPA of at least 2.5; ➢ Weight = 20 Points
- Submit a copy of prior year’s income tax return. If < 18 y/o, submit copy of parent’s return. ➢ Weight = 30 Points
- Write an essay entitled “Why I Chose Nursing as a Career.” Essay must be typed, double spaced, 12 point font (minimal of 400 words and maximal 500 words). ➢ Weight = 40 Points
- Submit two letters of recommendation (one academic and one personal, nonfamily). ➢ Weight = 10 Points

Guidelines: Consideration will be given to:

- Academic Achievement
- Essay content, grammar, spelling, punctuation, etc.
- Financial need
- Recommendations

Type/Amount: A minimal of two $1000.00 scholarships will be awarded yearly as long as funds are available. These funds must be used to pay nursing tuition or school related fees at the college or university where the applicant is attending. The award will be presented to the student at the annual scholarship luncheon (November). Student must be present to receive the award. Applicants will be notified in writing on or before November 4th of their status.

Deadline: Interested students must submit a scholarship application by October 31, 2018 of the year of application. Late applications will not be accepted. Applications not meeting above criteria will be automatically disqualified.

Submit application by October 31st
to: JAMMN
P.O. Box 3813
Jackson, TN 38303-3813
JAMMN MINORITY SCHOLARSHIP APPLICATION

PART I: General Information
Name: _____________________________________________________ Gender: M ____ F ___
Address: _______________________________________________________________________
______________________________________________________________________________
Parents/guardian (If under 18 y/o): __________________________________________________________________________
Parents’ Address, if different from yours: _______________________________________________________________________
Phone: (        ) _________________H; (            )_______________ C;  Email ________________________
Race or Ethnicity: __________________________________________________________________

PART II: Financial Statement
Attach a copy of your latest income tax return. If under 18 y/o, attach copy of parent’s tax return. If no
taxes were filed for the prior year, check here __________.
Verification statement: I certify that I did not file an income tax return for __________ because:
_____________________________________________________________________________________
_____________________________________________________________________________________
Signature _________________________________________________Date _______________________

Part III: Essay
Attach essay explaining why you chose nursing as a career (minimal 400 words, maximal 500 words).
Essay must be typed, doubled spaced and 12 point font. ☐

Part IV: Academic Information
Attach a copy of ACT score or college transcript.
Name and address of college you are presently attending: _____________________________________
_____________________________________________________________________________________

Part V: Certification
Read, sign and date this statement.
This is to certify that the information contained herein is valid and truthful. I understand and agree that
erroneous statements will cause forfeiture of the scholarship.

Applicant’s Name __________________________ Date __________________________