**APPLICATION FOR GKNF SCIENTIFIC SCHOLARSHIP AWARD**

**- Korean American Nurse Scholar –**

**Application for PhD** [ ]  **; DNP** [ ]

**Name of Applicant**

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City State Zip Code

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Alternative Email Address**

**Residency** [ ]  Citizen [ ]  Permanent Resident [ ]  Non-resident Visa status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Training** Give names of colleges, universities, graduate, and professional schools from which you have earned credit.

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**Experience** List teaching, research, and professional experiences since the beginning of your undergraduate work other than standard academic training.

Institution or Organization Dates Nature of work

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**Employment** Hours/week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Types of work**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership in honor societies and professional organizations**

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**Scholarships, awards, honors, or other recognition**

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**Provide a statement concerning your research areas, future plans for research, and professional career, current and future financial needs, and possible contribution to nursing.**

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I have read the instructions for filing an application, and I certify that the above statements are correct and complete.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **GLOBAL KOREAN NURSING FOUNDATION**

**GKNF-US Scholarship**

 **Korean American Nurse Scholar**

**LETTER OF RECOMMENDATION**

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| **APPLICANT**: Recommendations should come from academicians. Please fill out the following:1. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle2. Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**RECOMMENDER**: Your opinion of the applicant will be appreciated.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In comparison with other students at the same level, how would you rate the applicant on the following qualities? (Check appropriate boxes)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Superior(Top 1%) | Outstanding(Top 10%) | Aboveaverage(Top 25%) | Average(Top 50%) | Belowaverage(Below 50%) | Unableto judge |
| a. Intellectual ability |[ ] [ ] [ ] [ ] [ ] [ ]
| b. Leadership potential |[ ] [ ] [ ] [ ] [ ] [ ]
| c. Scholarship potential |[ ] [ ] [ ] [ ] [ ] [ ]
| d. Maturity |[ ] [ ] [ ] [ ] [ ] [ ]
| e. Written communication skills |[ ] [ ] [ ] [ ] [ ] [ ]
| f. Oral communication skills |[ ] [ ] [ ] [ ] [ ] [ ]

3. What are the applicant’s principal strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. What are the applicant’s principal weaknesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Other comments. (Continue on the back if needed)

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Signature: Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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