재미시카고 한인간호사협회
Korean Nurses Association of Chicago

2025 Scholarship Application Guidelines

The KNAC provides scholarships annually to Korean students in nursing programs to support Korean students in the successful completion of their nursing program and in becoming leaders and clinicians in nursing. The selected scholarship recipient will receive a total of $1000.

- Application Deadline: **October 24, 2025** Winner Notification: **November 15, 2025**
- Award Ceremony: **December 05, 2025, at 6:00pm** ***(Awardees must attend-Mandatory: please plan accordingly)***

  Korean Cultural Center of Chicago
  9600 Capitol Dr. Bisco Hall, Wheeling, IL 60090

- **Eligibility:**
  1) Full-time or part-time students of Korean heritage who are enrolled in a nursing program (Undergraduate, but will consider Master's and doctoral students as well) during the 2025-2026 academic year are eligible.
  2) Previous recipients of the Korean Nurses Association scholarship are not eligible.
- **Required Application Materials:** Please find the forms at http://www.knachicago.org/
  1) Application form
  2) Applicant's essay
  3) Resume
  4) Transcripts for the last two years – please provide official transcripts.
  5) **Two** Letters of Recommendation (letters of recommendation should come from those who can speak to the applicant's professional and scholastic abilities, such as a clinical instructor, faculty, and academic advisor)
  6) Financial statement form

  ******ALL*** DOCUMENTS MUST BE SUBMITTED FOR CONSIDERATION***
- **Submission Instruction:**
  Application must be completed and submitted to the KNAC Scholarship Committee Chair, at **knacscholar2025@gmail.com** by **October 24, 2025.** All application materials should be organized into one PDF file; electronic submissions are the only accepted format. The PDF file should include all the application materials listed above. Late submissions will not be accepted.
- **Scholarship Committee:**
  The submitted materials will be reviewed by the KNAC Scholarship Committee. The award decision is primarily based on the applicant's academic/scholarly performance, financial need, and potential for contribution to nursing.
- **Questions related to this scholarship:**
  Please direct all questions to the KNAC Scholarship Committee at **knacscholar2025@gmail.com**

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PERSONAL INFORMATION

Name (English):_____ Name (Korean, optional): _____

Mailing Address: _____

_____

Telephone:_____ Email address:_____

Residency: □ Citizen □ Permanent Resident □ International student □ Other (specify)

How did you hear of the KNAC scholarship program? (Media, email, school counselor, etc.)

_____

Have you been a recipient of a KNA scholarship? □ Yes □ No

Can you attend the awards ceremony on **December 05, 2025?** □ Yes □ No

ACADEMIC INFORMATION

Name of School you are currently enrolled in: _____

Degree now working on (check): □ Bachelor's □ Masters □ DNP □ PhD

2025-2026 class level: □ 1st year □ 2nd year □ 3rd year □ 4th year □ other (specify)_____

List all schools, colleges, nursing schools, and graduate work you have done with graduation date:

1. _____
2. _____

What extra-curricular activities and achievements have you done? List extra-curricular activities, talents, community services, and the like you are active in (Use extra paper if necessary):

_____

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Essay: Use an 8 ½ x 11 sheet of white paper, typed, double-spaced with 1-inch margins.

Use your NAME and ESSAY as the title. The essay should address the following questions:

• What are your professional and personal goals?

• How has your Korean heritage and family upbringing influenced your professional and personal goals?

• Why should the KNAC scholarship committee award you the scholarship?

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Financial Statement: 2025- 2026

Estimated Expenses		Estimated Income	
Tuition & Fees:	$_____	Personal Savings:	$_____
Books & Supplies:	$_____	Household Income:	$_____
Room and Board:	$_____	Parental Contribution:	$_____
Misc. (Describe):	$_____	Scholarship (s):	$_____
Total Expense:	**$_____**	**Total Income:**	**$_____**

Description of Miscellaneous Expenses:

_____

_____

_____

Employment Information:

Position/Title	Employer	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Service, Organization, Awards:_____

_____

_____

_____

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LETTER OF RECOMMENDATION

APPLICANT: Recommendations should come from academicians. Please fill out the following:

1. Name of Applicant: _____
   Last First Middle
2. 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%)	Above average (Top 25%)	Average (Top 50%)	Below average (Below 50%)	Unable to judge
a. Intellectual ability	o	o	o	o	o	o
b. Academic performance	o	o	o	o	o	o
c. Scholarship potential	o	o	o	o	o	o
d. Leadership potential	o	o	o	o	o	o
e. Communication skills	o	o	o	o	o	o
f. Maturity	o	o	o	o	o	o

3. What are the applicant's principal strengths? _____
   _____
   _____

4. What are the applicant's principal weaknesses? _____
   _____
   _____

5. Other comments. _____
   _____
   _____

Signature: _____ Institution: _____
Print name: _____ Tel: _____
Position/title: _____ Email address: _____