



Alpena Community College / SVSU RN to BSN Scholarship Application

The goal of the ADN-BSN Completion Grant Program is to award eligible individuals the opportunity to obtain financial assistance towards their BSN degree through the ACC-SVSU partnership.

The ACC/SVSU RN to BSN Scholarship is awarded to ACC students and graduates who enroll in the SVSU RN to BSN program. The scholarship awards \$5,000 to MyMichigan Health employees and \$7,500 to ACC students/graduates who are not employed by MyMichigan.

Community nurses who have a current, unrestricted RN license are eligible to participate in the ACC-SVSU ADN-RN program. Awarded scholarship funds will be determined upon submission of application and based on remaining available grant funds.

The disbursements, which consist of half of the award total, will be made in two transactions to SVSU Accounts Payable. The first will be disbursed upon enrollment of NUR 301 or NUR 302 at SVSU and the distribution of final funds will be disbursed based on the remaining time left in the grant.

Scholarship Award Criteria and Guidelines:

- a. ACC current Nursing Program student or ACC Nursing Program graduate (within 5 years of graduation): attach ACC Nursing Program enrollment or degree completion to application.
- b. Community nurse: attach copy of current RN license issued by the State of Michigan to application.
- c. Enrollment in SVSU NUR 301 or NUR 302: attach course enrollment summary to application.
- d. SVSU acceptance letter: attach to application.
- e. SVSU unofficial transcript: attach to application.
- f. If SVSU student is also employed by MyMichigan Health at the time of application, proof of employment is required (attach to application).
- g. Signed scholarship application demonstrating agreement with the outlined criteria and guidelines.
- h. Signed Authorization to Release Student Academic Information form; submit with application.
- i. Student agrees to complete the RN – BSN program as outlined by SVSU. Final scholarship payment will not be distributed if student does not complete the outlined requirements.
- j. The awarded scholarship amount is based on the date of application. Scholarship awards will not be changed based on the student's employment status.

ACC/SVSU students who submit the scholarship application will be notified via email of the scholarship awarded within one week. Upon SVSU RN to BSN degree completion, students must submit to ACC proof of the SVSU degree completion.

Alpena Community College / SVSU RN to BSN Scholarship Application

Submit application and required documentation to Lisa Brege, bregel@alpenacc.edu.

Name _____ ACC Student ID# _____

Address _____ City/State/Zip _____

Phone _____ Email _____ Age _____

Ethnic(s) _____ Race(s) _____ Gender _____

Applicant Signature _____ Date _____

ACC Director of Nursing Signature _____ Date _____

Comments:

* Scholarships are awarded each semester and are contingent upon available funding and per semester maximum funding allowances.

ACC Office Use Only			
Verified	Check #1	Amount	Date
	Check #2	Amount	Date



AUTHORIZATION TO RELEASE STUDENT ACADEMIC INFORMATION FORM

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete this form to authorize the release of their academic information to specified third parties.

The authorizing student must submit this completed and signed form to the Nursing Department (126 VLH) or email to bregel@alpenacc.edu, or submit by U.S. mail to Alpena Community College Nursing Department, 665 Johnson Street, Alpena, MI 49707.

AUTHORIZING STUDENT NAME (PLEASE PRINT)

ACC STUDENT ID

INFORMATION TO BE RELEASED FROM SAGINAW VALLEY STATE UNIVERSITY (SVSU):

Academic record information (includes schedule, academic standing, academic progress)

Only the following information _____

THIRD-PARTY AUTHORIZED TO RECEIVE THE INFORMATION CHECKED ABOVE:

Alpena Community College Nursing Program for the purpose of SVSU RN to BSN Scholarship Program grant database.

Other Party: _____

This authorization does not allow a third-party to order a transcript or otherwise conduct business on behalf of the student.

DURATION OF AUTHORIZATION:

This authorization remains in effect as specified below or until the authorizing student revokes it by notifying ACC Nursing Department in writing.

Grant continuous access until I graduate from SVSU with BSN, or am not longer enrolled at SVSU.

I do not wish to grant continuous access. End access on _____.

By signing below, the authorizing student is granting permission for SVSU to release the academic information checked above to the third-party noted above.

AUTHORIZING STUDENT SIGNATURE

DATE

For official use only:	
FORM RECEIVED BY: _____	DATE RECORDED: _____