**Reynolds 2023 Doctoral Scholarship Award\***

**Application**

Instructions to Applicant

1. Read through all supplementary material [http://nursing.ouhsc.edu/CurrentStudents/Scholarships/DoctoralFunding.aspx#982846-reynolds-center-of-geriatric-nursing-excellence-Doctoral-scholarship](http://nursing.ouhsc.edu/CurrentStudents/Scholarships/DoctoralFunding.aspx#982846-reynolds-center-of-geriatric-nursing-excellence-predoctoral-scholarship) (Overview, FAQs, Checklist, Reynolds Scholarship: Mentors Research Focus) prior to beginning the application process. Contact Dr. Emily Jones, PhD Director at Emily-J-Jones@ouhsc.edu or at 405-271-1491, ext. 49135.
2. Seek out an OU Reynolds Scholarship mentor as a primary step in developing this application. This should be done as soon as you determine interest in the Reynolds Doctoral scholarship. *Mentor Research Interests are included in the forms.*
3. Fill in the Data Sheet, and then print it out. If you have difficulty accessing the Word form, open the alternative PDF form, print it and fill it out in black ink. Please note that all applicants must provide a second, permanent e-mail address.
4. Please note:
	1. Incomplete applications will not be considered.
	2. Additional items added to the application are not accepted. Submitting additional items or addenda or exceeding page limits may result in the removal of your application for consideration.
5. Completed applications and materials for the Reynolds Scholarship should be mailed to:

Fran & Earl Ziegler College of Nursing

Reynolds Scholarship

Attn: PhD Program Director

1100 N. Stonewall Avenue

Oklahoma City, OK 73117

Deadline for Submission of ALL Application Materials: March 1, 5pm CST

**Reynolds 2023 Doctoral Scholarship Award**

**Data Sheet**

***Items in bold are REQUIRED.***

# A. GENERAL INFORMATION

|  |  |  |
| --- | --- | --- |
| **Last Name**       | **First Name**       | **Middle Name**      |
| Date of Birth (Mo/Day/Yr)      | **Gender**[ ]  Male [ ]  Female | **U.S. Citizen**[ ]  Yes [ ]  No |
| **Ethnicity**[ ]  American Indian/Alaska Native [ ]  Native Hawaiian or other Pacific Islander [ ]  Asian [ ]  White[ ]  Black or African American [ ]  Other      [ ]  Hispanic or Latino/Latina |
| **Year of First Bachelor’s Degree**       |
| **Mailing Address Line 1**      | **Home Telephone**      |
| **Mailing Address Line 2**      | Cell Phone      |
| Home Address Line 1(if different from Mailing Address)      | **Primary Email Address**      |
| Home Address Line 2      | **Secondary Email Address**      |

**B. PROGRAM REFERRAL**

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| How did you find out about this scholarship award?      |

**C. CREDENTIALS**

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**D. RN LICENSURE –** (At least one is required)

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| --- | --- |
| **State(s) in which you are currently licensed as a Registered Nurse** | **RN License numbers** |
|       |       |
|       |       |
|       |       |

# E. PROFESSIONAL BACKGROUND

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| --- |
| Present Position      |
| Present Institution      |
| Mailing Address Line 1      |
| Mailing Address Line 2      |

# F. RESEARCH PROGRAM

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| --- |
| **Have you identified an area of research for your doctoral dissertation?** (Required for all doctoral students except those beginning their first year of study.)[ ]  Yes – **Title**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |

# G. OU REYNOLDS CENTER MENTOR INFORMATION

|  |  |  |
| --- | --- | --- |
| **Last Name**       | **First Name**       | **Middle Name**      |
| **Credentials**      | **Position Title**      |
| **Institution**      | **Work Telephone**      |
| **Mailing Address Line 1**      | **Fax Number**      |
| **Mailing Address Line 2**      | **Work Email Address**      |