

**GKNF-USA Ann S. Jhin Scholarship**

**About Scholarship**

In generous support of Ms. Jhin Ann Soon, the first president of Korean American Women’s Association of Chicago, the GKNF-USA is pleased to announce the Ann S. Jhin Scholarship Award launch. This scholarship intends to support Korean American Nurse Clinicians/Scholars for their professional/scholarly activities, and the selected scholar will be awarded $1,000 maximum.

Application deadline: **April 1, 2025**

The award will be announced by **June 1, 2025.**

**Eligibility**

1. A Korean American nurse who is currently enrolled in nursing graduate programs (i.e., Master or Ph.D./DNP) or graduated within 1 year.
2. A member of the GKNF-USA at the time of application. If you are not a member, please register as a general/student member first: [**GKNF-USA membership application.**](https://gknfusa.org/bbs/page.php?tm_page=membership)
3. Applicants presented an abstract (poster or oral presentation) at a regional/national/international conference in 2024 (between 1/1/2024 and 12/31/2024).

**Required Documents**

1. Application for the GKNF Ann S. Jhin scholarship award
2. Biosketch or CV - up to 4 pages
3. A copy of the PDF of poster or oral presentation slides (please convert PowerPoint slides to a PDF file)
4. Evidence of the conference registration (i.e., picture of ID, copy of the abstract acceptance email, or presenter list of the program).
5. One reference letter from a faculty advisor or dissertation chair.

**Post Award requirements**

The awardee is expected to attend and present relevant clinical and professional activities at the GKNF conference in the future.

**Submission Guideline**

An application must be completed and submitted to GKNF (**GKNFUSA@gmail.com**) by **April 1, 2025**. All application materials should be organized into one PDF file, and electronic submissions are the only accepted format. The PDF file should include all required documents as listed above.

The GKNF-USA Award Committee will review applications. The award decision is primarily based on the applicant’s quality of scholarly and professional activity.

Please direct all questions to Jin Young Seo, Chair of the Scholarship Committee, GKNF-USA (js3149@hunter.cuny.edu).

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**APPLICATION FORM**

**GKNF-USA Ann S. Jhin Scholarship**

**Name of Applicant**

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**Last First Middle**

**Mailing Address**

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**Street City State Zip Code**

**Telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residency 🞎 Citizen 🞎 Permanent Resident Visa status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment**

**Name of School or Clinical Institution**

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**Employed: Full time  Part time**

**Education and Training Post BSN: List the names of colleges/universities, and professional schools from which you have earned credit and/or graduated post-BSN.**

**College/University or Professional School Degree or Certificate Date/year**

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**Experience: List clinical and/or professional experiences post-BSN.**

**School or Organization Position Dates/Years**

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**Honors and Awards received: Use a separate page as necessary and attach to the application.**

**Name Organization Date/Year**

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**Membership in Honor Societies and Professional Organizations**

**Organization Role/Position Date/Year**

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**Provide a statement concerning your professional career including your interest in research and current and future financial needs, and possible contribution to nursing (One page, using Times New Roman font 11. Use separate page and attach to the application).**

**Reference letter from your faculty or supervisor (up to one page).**

**Statement regarding applicant’s professional achievements and potential for future contribution to nursing practice and profession. Recommenders should provide their position/role, relationship to the applicant, and the length of time they have worked with the applicant (Use separate page and attach to the application).**

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

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

**Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**