Jeannette C. Richard Memorial Scholarship Foundation

Scholarship Application

Deadline to apply is March First for each year.

Purpose: To provide financial support to a student enrolled in a Nursing Program.

1.) Deadline for scholarship applications is March 1st, 5:00 pm. No exceptions.
2.) Criteria for eligibility is listed below.
3.) If a question does not apply, please enter N/A do not leave blank.
4.) Type or print application, illegible or incomplete applications will be rejected.
5.) You will be notified by March 26th if you are selected as the awardee.
6.) Any questions about the application process should be directed to julanne.utz@gmail.com
7.) This is a non-renewable scholarship, it must be applied for each year.
8.) Scholarship funds will be awarded directly to the school, college, or university financial aid office.
9.) Scholarships will only be awarded after enrollment/acceptance to an accredited Nursing Program is verified.

Criteria:

1.) Applicant must have a GPA of 3.0 or higher.
2.) Applicant must be, enrolled in or accepted to, an accredited nursing program.
3.) Applicant must demonstrate a positive impact of involvement in their academic and clinical education determined by letter(s) of recommendation, at least one.
4.) Applicant must show a commitment to nursing as shown in a personal essay.

Application Process:

1.) Completed application form.
2.) At least one letter of recommendation from the following: teachers, administrators, counselors and employers of applicant with significant knowledge of applicant's experience, involvement, and commitment to the nursing profession.
3.) An official transcript from current nursing program with cumulative GPA.
4.) Personal Essay. Please address your commitment to nursing and how the scholarship would impact you currently and your future in the nursing profession.

Submission to: Jeannette C. Richard Memorial Scholarship Foundation
                           C/O Julie Utz
                           3905 12th ST
                           Micco, FL 32976

All applications must be postmarked no later than March 1st.   We are not responsible for delays by the US. Postal service.

Jeannette C. Richard Memorial Scholarship Foundation

Scholarship Application

Please Type or Print – illegible applications will be returned to the applicant.

1. First Name: _____ MI_____ Last Name_____

2. Mailing Address

   Street: _____

   City: _____ State _____ Zip _____

3. Day time telephone number _____

4. Nursing Program currently enrolled/accepted _____

5. Current GPA _____

6. What specialty or area of nursing do you wish to pursue if decided? _____

7. Amount of expenses per semester
   a. Tuition_____
   b. Books(approximately)_____
   c. Room & Board _____
   d. Other Fees_____

   Comments about your financial situation that you would like us to consider:

8. What are your educational and professional goals and objectives?

9. List any academic awards and membership activities while in high school or college/school:

10. Personal Essay – Please describe yourself, the skills and gifts you have, and how you will achieve excellence in nursing also address what prompted you to pursue a degree in nursing. Tell us your story.

Required Elements to be attached **_– Incomplete applications will be returned_**

1. At least one letter of Reference
2. Proof of acceptance/enrollment to nursing program include with complete name and address of the institution to send award to.
3. Personal Essay
4. Completed application form
5. Official Transcript

Statement of Accuracy:

I hereby affirm that all the above stated information provided to me is true and correct to the best of my knowledge. I also consent that my name and likeness may be used by the Jeannette C. Richard Memorial Scholarship Foundation deemed necessary to promote the scholarship program.

I hereby understand that if chosen as a scholarship winner I must provide evidence of enrollment/registration in an accredited nursing program and that financial disbursement is made directly to the school.

Signature of scholarship applicant _____ Date_____