

NURSES FOUNDATION OF RACINE, INC.

NURSES FOUNDATION OF RACINE SCHOLARSHIP	BEVERLY AND DR. MYRON SCHUSTER MEMORIAL SCHOLARSHIP
SUZANNE AND RONALD JONES MEMORIAL SCHOLARSHIP	ST. LUKE'S SCHOOL OF NURSING ALUMNI SCHOLARSHIP
MARY ALICE PETERSEN MEMORIAL SCHOLARSHIP	MAJORIE AND LEWIS McCLELLAN MEMORIAL SCHOLARSHIP
MARY LOU GOODSPEED MEMORIAL SCHOLARSHIP	CAROL AND JOHN FRANCIS MEMORIAL SCHOLARSHIP
CAROL ANN HUFF MEMORIAL SCHOLARSHIP	

SCHOLARSHIP APPLICATION INSTRUCTIONS FOR

NURSING STUDENTS FROM KENOSHA, RACINE AND WALWORTH COUNTIES, WISCONSIN

CRITERIA FOR ELIGIBILITY

1. The scholarship will be granted regardless of race, sex, age, color, or national origin.
2. The applicant must be a resident of Kenosha, Racine or Walworth County.
3. The applicant must be a student accepted into an NLN (National League of Nursing) or a CCNE (Commission of Collegiate Nursing Education) accredited associate, baccalaureate or graduate nursing program and have completed at least one semester of the nursing curriculum (not pre-requisite courses).
4. The applicant must be a student in good academic standing.

INSTRUCTIONS FOR SCHOLARSHIP APPLICANTS

1. The applicant must submit three signed letters of recommendation from current year:
 - a. One each from: Faculty
Recent employer
Personal
 - b. The applicant is responsible for contacting the references for their letter and that they are postmarked by February 28 of the calendar year.
2. **Official Transcripts** from the college must accompany the application.
3. The completed application form, transcripts and letters of recommendation must be postmarked by February 28 of the calendar year. Incomplete applications will not be processed.

MAIL TO
NURSES FOUNDATION OF RACINE, INC.
P.O BOX 323
FRANKSVILLE, WI. 53126

4. All applicants will be notified of scholarship status in May of the calendar year.

I understand the scholarship committee selected by the NRF Board of Directors will recommend scholarship recipients and with the NFR Board of Director's approval; the decision will be final.

NURSES FOUNDATION OF RACINE, INC.
APPLICATION

NAME: _____ DATE of Application _____

DOB _____ SS# Last 4 digits/Student ID _____

HOME ADDRESS _____ City: _____ State _____ Zip _____

Phone# _____

Member of: WNA _____ SNA _____ Or other professional Organization _____

DEPENDENT STUDENT

Are any siblings in college Y__ N__

How many _____

Are your parents providing financial support?

Y__ N__

INDEPENDENT STUDENT

Number of dependents? _____

Are you providing financial/tuition support for any dependents?

Y__ N__

EDUCATIONAL DATA

Name of school you are now attending _____

Address of school _____

How many nursing credits have you completed? _____

How many credits do you anticipate taking next year? _____

What is your proposed date of graduation? _____

What is your present GPA (using 4.0 scale)? _____

SCHOLARSHIP APPLICATION (PAGE2)

FINANCIAL DATA

To enable the Scholarship Committee to select recipients, it is necessary to evaluate financial need as well as scholastic achievement, community involvement, character, etc.; for this reason, you are asked to provide the following information which will be treated as confidential by the committee.

What will be the **tuition** at your school next semester? _____

Can your family help you financially? Y____ N_____

If yes, state amount they can give you per semester: \$ _____

Do you receive aid from any other source, such as loans and/or grants? Y___ N_____ Specify:

FINANCIAL STATEMENT

TO BE COMPLETED BY PARENT OF A DEPENDENT STUDENT OR BY THE STUDENT IF INDEPENDENT

DEPENDENT		INDEPENDENT
\$ _____	TOTAL ANNUAL INCOME	\$ _____
\$ _____	SAVINGS and/or CHECKING	\$ _____
\$ _____	MORTGAGE	\$ _____
\$ _____	EDUCATIONAL LOAN	\$ _____
\$ _____	OTHER LOANS	\$ _____

THIS FINANCIAL STATEMENT COMPLETED BY: _____

SCHOLARSHIP APPLICATION (PAGE 3)

FINANCIAL DATA (continued)

Any additional or pertinent financial information?

How will the balance of your educational expenses be financed?

Previous NFR Scholarship _____ Grants _____ Savings _____

Scholarships _____ Work Study _____ Other/Employment _____

Explain: _____

EMPLOYMENT DATA

List all employment held in the past three year and the dates and reasons for leaving, starting with the most recent.

How many hours a week do you work? _____

How many hours a week do you work in the summer? _____

SPECIAL ACHIEVEMENTS AND ACTIVITIES WITHIN THE LAST 3 YEARS.

LIST EXTRACURRICULAR SCHOOL AND COMMUNITY ACTIVITIES THAT YOU HAVE BEEN INVOLVED.

SCHOLARSHIP APPLICATION (PAGE 4)

List address and phone numbers of persons from whom recommendations have been requested:

1. Nursing instructor:

2. Current or recent employer:

3. Personal:

Explain why you chose nursing as a career goal for the future **and** why you should receive this scholarship (attach additional sheet if necessary).

How did you hear about this scholarship? _____

APPLICANT'S CERTIFICATION

I believe myself eligible for and hereby make application to receive one of the NFR scholarships. I certify that all statements made in my application are complete and accurate. I understand that a committee selected by the NFR Board of Directors will select scholarship recipients and the decision will be final. I will be willing to participate in an interview if required. I understand that should I be awarded a scholarship, it will be issued directly to my school and assigned as payment for tuition.

SIGNATURE _____ DATE _____

If you are a recipient of a NFR scholarship, do you give permission to use your name, photo in a news release and/or the NFR website: Yes ___ No ___

SIGNATURE _____ DATE _____

