

## NURSES FOUNDATION OF RACINE, INC.

Since 1983 the Nurses Foundation of Racine provides scholarships to student nurses with the goal of financially supporting nursing education for better community health and better patient care. The scholarships are funded by the foundation, memorial gifts from families in memory of their loved ones who were nurses or physicians in the community. In addition, organizations and corporations also sponsor scholarships.

### **SCHOLARSHIP 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 or be employed in healthcare in Kenosha, Racine or Walworth Wisconsin 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 the current year: One each from: Faculty, Employer and Personal.

The applicant is responsible for contacting the references for their letter and ensure each letter is postmarked by February 28 of the calendar year.

2. **OFFICIAL TRANSCRIPT** 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.

**NURSES FOUNDATION OF RACINE, INC.**

**APPLICATION**

NAME: \_\_\_\_\_ DATE of Application: \_\_\_\_\_

DOB: \_\_\_\_\_ Last 4 digits SS#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Phone#: \_\_\_\_\_

Member of: WNA \_\_\_\_ SNA \_\_\_\_ Other professional Organization: \_\_\_\_\_

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**DEPENDENT STUDENT**

Are any siblings in college Y\_\_ N\_\_

How many \_\_\_\_\_

Are your parents providing financial support? Y \_\_\_\_ N \_\_\_\_

Explain: \_\_\_\_\_

**INDEPENDENT STUDENT**

Number of dependents? \_\_\_\_\_ Are you providing financial/tuition support for any dependents? Y \_\_\_\_ N \_\_\_\_

Explain: \_\_\_\_\_

**EDUCATIONAL DATA**

Name of college you are now attending \_\_\_\_\_ Address of college \_\_\_\_\_

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 FINANCIAL DATA**

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

What will the tuition be 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: \_\_\_\_\_

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**FINANCIAL STATEMENT**

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

**DEPENDENT STUDENT**

Total annual family income \$ \_\_\_\_\_ Savings and/or checking \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Educational Loan \$ \_\_\_\_\_ Other Loans \$ \_\_\_\_\_

**INDEPENDENT STUDENT**

Total annual income \$ \_\_\_\_\_ Savings and/or checking \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Educational loan \$ \_\_\_\_\_ Other Loans \$ \_\_\_\_\_

Any additional or pertinent financial information?

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THIS FINANCIAL STATEMENT COMPLETED BY: NAME: \_\_\_\_\_

How will the balance of your educational expenses be financed?

Scholarships \_\_\_\_\_ Grants \_\_\_\_\_ Savings \_\_\_\_\_ Work Study \_\_\_\_\_ Other/Employment \_\_\_\_\_ Explain: \_\_\_\_\_

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**EMPLOYMENT DATA**

List all employment held in the past two years, the dates and reasons for leaving, starting with the most recent:

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How many hours a week do you work during the school year \_\_\_\_\_

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

**SPECIAL ACHIEVEMENTS AND ACTIVITIES WITHIN THE LAST 2 YEARS.**

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

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**REFERENCES**

List address and phone numbers of persons from whom recommendations have been requested. Each letter **must be dated** within 12 months of application.

1. Nursing instructor:

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2. Current or recent employer:

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3. Personal:

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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 \_\_\_\_\_

I understand if selected as a recipient of an NFR scholarship and if I fail to enroll in nursing classes for the up-coming semester the scholarship will be voided.

NAME \_\_\_\_\_ Date \_\_\_\_\_

If selected as a recipient of an NFR scholarship, I authorize the of use my name and photo in a news release and/or the NFR website: Yes \_\_\_ No \_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_