

MICHELE A. CAMPBELL MEMORIAL NURSING SCHOLARSHIP ELIGIBILITY

TO QUALIFY FOR THIS SCHOLARSHIP, YOU MUST BE A GRADUATE OF ST. MARYS AREA, ELK COUNTY CATHOLIC, JOHNSONBURG AREA, OR RIDGWAY AREA HIGH SCHOOLS AND <u>ENROLLED AS A SECOND YEAR STUDENT OR HIGHER IN AN ACCREDITED NURSING PROGRAM AT A POST SECONDARY LEARNING INSTITUTE.</u> A GPA OF AT LEAST 2.75 IS REQUIRED. THE APPLICANT MUST BE IN SECOND YEAR.

Any past applicant or recipient is eligible to re-submit an application for consideration for a future scholarship award.

All scholarship **applications must be received at the Elk County Community Foundation office no later than April 1.** There will be no exceptions. The Scholarship Selection Committee, appointed by the Board of Directors of the Elk County Community Foundation, will select the scholarship recipient.

THE MICHELE A. CAMPBELL MEMORIAL SCHOLARSHIP FUND

Michele Campbell was a hard working and dedicated nursing student at the University of Pittsburgh at Bradford. As the number one student in her class, Michele was dedicated to helping others and learning to be the best nurse she could be.

TERMS of SCHOLARSHIP

The committee will grant the **Michele A. Campbell** scholarship as instructed. The selection of students to receive scholarship grants shall be made by the committee without regard to race, religion or sex of the applicants or their political or economic perspectives. The committee will not place restrictions upon a candidate's choice of college or university.

The committee shall require, prior to the disbursement of any scholarship, proof that the scholarship recipient is actually enrolled as a student at the educational institution for which the grant is made, and all scholarship grants shall be paid only to the education institution attended by the recipient and never directly to the recipient. This grant covers tuition, fees, and books for the applicable fall, winter, or spring quarter.

Elk County Community Foundation P.O. Box 934 ~ St. Marys, PA 15857 Phone: 814.834.2125 ~ Fax: 814.834.2126 eccf@windstream.net ~ www.elkcountyfoundation.com Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information

| Last Name MI | | - | First Nar | ne | | | | |
|--|-----------------|----------------|--------------------------------|------------------|-------------------|-------------------|--------------------|--|
| Street Number | | Street Address | | SS | Apt. /Unit Number | | | |
| City State | | Zip Code | | | Cell Phone | | | |
| <u>Sex</u> : M F | Date of Birth: | | /DD/YYY | Y | me of High S | chool | Date of Graduation | |
| E-mail Address | | | | | | | | |
| Parental Inform | nation: | | | | | | | |
| Father's Last Name | | | MI | | First Name | | | |
| (If different) Street Number | | | Street Address | | ess | Apt. / | Unit Number | |
| City | | State | 7 | Zip Code | <u> </u> | Best Available | Phone Number | |
| Name of Employer | | | | | Employed S | Since | | |
| Mother's Last Name | | | MI | - - F | irst Name | | | |
| (If different) Street Number | | | Street Addres | | ress | Apt. /Unit Number | | |
| City | State | | Zip Code | | Best | Available Ph | one Number | |
| Name of Employer | | | | | Employ | ed Since | _ | |
| <u>Academic Infori</u> | mation: | | Check: | | | | D . W | |
| High School C | Course of Study | | _ Intend | led Enroll | ment Status: | Full Time | Part Time | |
| Intended Post-Secondary Major | | | Anticipated College Graduation | | | raduation Date | : | |
| <i>Employment Int</i> Do you currently ha | | ne job? | | If y | es: | osition | | |
| Name and Phone N | | | | | Wages | | | |

Date of Signature

| Major Field of study: |
|---|
| G.P.A |
| Name of the College you are attending or will attend. |
| Anticipated or Graduation Date: |
| <u>Financial Information:</u> |
| Please enter your Expected Family Contribution (EFC) number that can be found on the top of your Student Aid Report (SAR), which is generated after completing your Free Application for |
| Federal Student Aid Form (FAFSA): If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please fax or call the Community Foundation office when the number becomes available. |
| Attachments: |
| In order to be considered for this scholarship, you must also include the following: Copy of High School Diploma Acceptance Letter, Letter of Admission, Student Record or other appropriate proof of active enrollment in an accredited nursing degree program at a post-secondary institution. Most recent transcript from an accredited post-secondary institution. Please attach an activity resume that highlights all of your activities in the sectors of school and community and any honors and/or awards you have received. |
| • Please enclose a short essay on what your future goals are in and how this scholarship will help you attain these goals. Explain why you decided on a career in nursing. List extracurricular activities in which you participate that demonstrate concern for your fellow human beings. Include what college and major concentration you will be pursuing. The essay should be written with 1 ½ inch spacing, margins justified, font 12 in Times New Roman. Check for neatness, spelling and structure. |
| I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by myself (the applicant) to the best of my knowledge. |
| If I am selected as a recipient of an Elk County Community Foundation scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship. I also agree that my name and photograph can be used in announcements made by the Elk County Community Foundation regarding the particular scholarship(s) for which I have been awarded. |
| Awards may be used at any accredited, nonprofit college or university within the United States. |

Signature of Applicant