

GUIDELINES AND APPLICATION FOR KNOX COUNTY NURSES GUILD SCHOLARSHIP

History & Purpose:

The Knox County Nurses Guild is a small group founded in September 1954. Its purpose is to encourage area graduates to enter the nursing profession. The Guild established a scholarship to be given to a high school graduate accepted by an accredited nursing program.

Process:

An awarding committee shall select those whom in their judgement shall be proper recipients according to the purpose of the scholarship and the criteria set out by the committee.

Eligibility:

To be eligible, those receiving scholarships must be taking post-secondary level training or education at public or private colleges, universities, vocational or professional schools, in the nursing program. The education must be full time. Recipients must be students of Medomak Valley High School, Oceanside High School or Camden Hills Regional High School. Recipients must show promise of being able to benefit from further education beyond secondary level. Recipients must demonstrate the following:

1. Good character
2. Good citizenship
3. Need
4. Ambition

Deadline:

The application must be received by the committee by April 20 of each year.

Contact person:

Amy Lowe
2 Granite Point Place
Owls Head, ME 04854
207-594-4047

Please be sure all questions are answered clearly and all the requested information has been provided. Incomplete applications or applications without transcripts will not be considered.

Checklist:

- Completed Application
- Transcript from High School or College (if currently enrolled in college nursing program)
- Letter from most current high school guidance director or college advisor, and teacher
- Letter from a past or present employer regarding applicant's work habits and general character
- Personal Statement

APPLICATION

Date: _____

Name: _____

Date of Birth: _____

Present Mailing Address: _____

Permanent Residence Address (physical address, not PO box): _____

Telephone Number: _____

School for Which Aid is Requested: _____

Number of Years to Complete Program: _____

I am a: High School Senior
 Undergraduate Student
 Graduate Student
 High School Graduate that has never been enrolled in post graduate studies
 Other: _____

I am enrolling in a full time program: Yes No

I will live: On Campus
 Home with Parents
 Home with Spouse and/or Children
 Off Campus

High School Name and Address: _____

High School Phone Number: _____

Parents Names: _____

If parents are not living, name of nearest relative - relationship and address: _____

Extracurricular Activities and Number of Years Participating (attach separate sheet if necessary): _____

Work Experience (list any work experience you have had in the past four years, attach a separate sheet if necessary): _____

Personal Statement: Briefly describe your career goals and how your education plans relate to them. Also state why a scholarship is necessary and note any circumstances that you feel warrant special consideration. (Please attach a separate sheet.)

Income Student's adjust gross income: _____
(If you didn't file a tax return, write how much money you earned in the most recent year)

Assets Student's cash and savings _____

- Liabilities**
1. Total size of your parent's/your household during the next school year. (Include yourself even if you do not live at home. Include siblings who receive more than half their support from your parents.) _____
 2. Total number in family enrolled in post high school programs at least half-time in the next school years. _____

Student Expenses Estimated total expenses for the coming year. Please refer to the cost of attendance at your first choice school. This information should be available in school publications or from the financial office.

1. Tuition and fees: _____
2. Room and board: _____
3. Books: _____
4. Transportations: _____
5. Personal/other expenses: _____

Total Expenses: _____

- Student Income**
1. Income from outside job: _____
 2. Student's savings: _____
 3. Parent's contributions: _____
 4. Other scholarships applied for: _____
 5. All school related loans: _____
 6. Gifts _____
 7. Other income: _____

Total Income: _____

Comments: Explain any unusual circumstances that might affect your financial need. Please use a separate sheet if necessary. _____

I certify that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated on the form, including a copy of my prior year US Income Tax return.

By signing this application form, I hereby authorize the school I will attend in the upcoming school year to release information on financial aid awarded to me by the school and other sources to the Knox County Nurses Guild Scholarship Program.

Student's Signature

Date

Parent's Signature

Date

Scholarship applications are due by April 20 of each year. Knox County Nurses Guild Scholarship Committee reserves the right not to process late applications or those found to be incomplete.