LAPEER COUNTY COMMUNITY FOUNDATION

**HAZEL SIMMS NURSING**

 **SCHOLARSHIP APPLICATION**

**Criteria:**

 1. Applicant must be accepted into a Michigan registered nursing program approved by the Michigan Board of Nursing ***OR*** already certified as an RN pursuing a Bachelor of Science degree in nursing.

 2. Applicant must have completed one year or more of college.

 3. Applicant must be a current resident of one of the following school districts:

 Almont, Dryden, Imlay City, Lakeville, Lapeer or North Branch.

 4. Factors taken into consideration include:

* The financial condition of the applicant and his/her family
* Scholastic record
* Statement by Director/Faculty member of nursing program
* Other factors that the scholarship committee in its discretion feels appropriate in furthering the purpose of the scholarship

*Instructions: Complete the fillable application, print ,sign and date. It may be necessary to click on “Enable Editing” command at the top of the screen.*

**Personal Information:**

|  |  |  |
| --- | --- | --- |
| Last Name:      | First name:      | Middle Initial:      |
| Address:      | City:      |
| Zip Code:      | School district you reside in:      | County:      |
| Home phone:      | Student cell:      | Date of Birth:      |
| Student ID #:      | Student email:      |
| Total monthly income from all sources:      per month |

|  |  |  |  |
| --- | --- | --- | --- |
| High School attended:      | Date of graduation:      | GPA:      | Class rank:      |

**Colleges attended:** List all colleges attended, dates and majors. Official transcripts must be provided’

|  |  |  |
| --- | --- | --- |
| **School** | **Dates attended** | **Major** |
|  |  |  |
|  |  |  |
|  |  |  |

**Anticipated date of enrollment/date of enrollment in Nursing Program**:

**Enrollment plans for next academic year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fall | Winter | Spring | Summer |
| Full Time (# of credits) |       |       |       |       |
| Part Time (# of credits) |       |       |       |       |

**Anticipated date of graduation from the nursing program**:

**Degree expected**:

**List clubs, societies, athletic teams or other organizations or activities in which you participate/volunteer:**

**List any honors or awards received and date:**

 **List of other scholarships, grants or financial aid applied for:**

 Name Amount of award Awarded? Yes, No, Pending

|  |  |  |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |

**Employment History: (begin with current employer)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Business Name** | **Address** | **Phone** | **Position Held** | **Dates** | **Avg. hrs. worked/week** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Explain any special circumstances that may affect your ability to finance your education costs:**

I authorize release of my educational records to committees relative to this scholarship and allow contact with individuals/institutions listed on this form. I hereby certify that all statements relating to this application are true and correct to the best of my knowledge, and that deliberate falsification or misrepresentation in this application process may result in my being declared ineligible for receipt of scholarship funds.

Applicant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include with your application a copy of:

 1) your most recent transcript showing credits/degree earned and verification of current GPA

 2) IRS federal tax return(s) verifying yours (if applicable) and local address household income (Pages 1 and 2 only with social security and bank numbers blacked out).

 3) a current photo (optional) of yourself to be used for publicity purposes if an award is granted. By attaching your photo and signing this application you agree to its use in Foundation news releases and publications.

 4)Please do not send in double sided copies or use staples.

Application must be postmarked NO LATER THAN **APRIL 28, 2017.**

Mail to: Hazel Simms Scholarship Committee

Lapeer County Community Foundation

264 Cedar Street

Lapeer, MI 48446

Questions may be directed to: Nancy Boxey, Executive Director

Phone: 810 664-0691

Email: nboxey@lapeercountycf.org