

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:      |
| Parent/Guardians:       |
| Adjusted Gross Household Income:      | # of Children in Household:      | # of Children in College:      |

**Student Experiences and Activities:**

(If space is inadequate, attach a separate sheet of paper)

|  |  |  |  |
| --- | --- | --- | --- |
| 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:**

**How did you hear about this scholarship?**

**In less than 200 words, describe your interest in your selected field of study and your future educational and/or career plans.**

**State your total expected financial need during your anticipated term of enrollment in the nursing program.**

**AGREEMENT**

**If I am awarded a scholarship by the Hazel Simms Nursing Scholarship Fund, it is my intention to complete my education as outlined and to serve as a member of the nursing profession. I understand that this application and all the information submitted by me or others on my behalf will remain the property of the Hazel Simms Scholarship Committee of the Lapeer County Community Foundation.**

**Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Attachments:**

**1. Current transcript showing credits earned and current GPA.**

**2. Copy of your current year FAFSA Student Aid Report (SAR). Please only submit the page that**

 **shows the EFC (Estimated Family Contribution).**

**3. A letter of recommendation (optional).**

**Submission Instructions:**

1. **Please do not submit double sided copies or use staples.**
2. Please submit an original signed application including all attachments along with six complete

 copies for a total of seven complete packets.

1. **Please paperclip each complete packet.**
2. **Please mail all seven packets in one envelope to the committee and address listed below.**
3. **If you are applying for more than one scholarship through LCCF, please do not combine different named scholarships in one envelope as they have different committees.**
4. **\*Statement from Director or Faculty Member of Nursing Program. Information needed is on the next page. Note\* Statement to be placed in a separate sealed envelope by the Director/Faculty Member and can be mailed with original application or mailed separately by Director.**

Application must be postmarked NO LATER THAN **Friday, March 15, 2019.**

Mail to:

 **Hazel Simms Scholarship Committee**

**LCCF**

**235 W. Nepessing Street**

**Lapeer, MI 48446**

Questions may be directed to:

 Nancy Boxey, Executive Director

Phone: 810 664-0691

Email: nboxey@lapeercountycf.org



**Lapeer County Community Foundation**

**HAZEL SIMMS NURSING SCHOLARSHIP**

**Statement by Director/Faculty Member of Nursing Program\***

Applicant’s signature to authorize this statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give specific information concerning the applicant’s professional and personal**

**characteristics and nursing ability: Please attach a separate letter.**

**Name: Institution:**

**Title: Address:**

**City/State/Zip: Phone(s):**

**Email:**

**Average annual cost for program (full time enrollment):**

**Tuition: Uniforms/Misc.**

**Books: Lab fees:**

**Other fees:**

**Director’s/Faculty Member’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Statement can be mailed separately by the Director or Faculty member of the Nursing Program. Postmarked by Friday, March 15, 2019 directly to:**

**Hazel Simms Nursing Scholarship Committee**

**LCCF**

**235 W. Nepessing Street**

**Lapeer, MI 48446**

**or**

**\*Statement can be placed in a separate sealed envelope by the Director/Faculty Member and can be given to student. The student can mail the sealed envelope with original Hazel Simms Nursing Scholarship application postmarked by Friday, March 15, 2019.**

**Questions may be directed to: Nancy Boxey, Executive Director at (810) 664-0691 or** **nboxey@lapeercountycf.org****.**