

Class of 1957 Endowed Scholarship – AY 2021-2022 - APPLICATION

Rhode Island College Foundation

Rhode Island College School of Nursing (RICSON)

Nursing Scholarship applications are due by May 14, 2021. The scholarship recipient will be determined by a vote of the RICSON Nursing faculty. Decision letters will be emailed in **late August 2021**. Please send your completed, signed application as an attachment to Melissa DeCosta at mdecosta@ric.edu with the email subject **Nursing Scholarships**.

The fund will be administered by the Rhode Island College Foundation as an endowed scholarship. The scholarship will be credited to the recipient's account at the College. Payment will be made to the Bursar's Office in two equal installments during the following academic year, after proof of registration as a full-time student is secured. Should the chosen recipient not enroll for any reason, the credit shall be voided and the balance shall revert to the principal of the fund.

The recipient:

- Must be a Rhode Island resident.
- Must be accepted into the Nursing major as a **full-time** student (junior or senior).
- Must demonstrate **financial need as determined by the Office of Financial Aid**.
- Will receive the award for one academic year; may be considered in subsequent years, if eligible.

Student Applicant's Legal Name: _____

Home Address: _____

Email Address: _____

RIC Student ID: _____ Phone Number: _____

GPA: _____ Expected Month/Year of Graduation: _____

Fall 2021 **full-time** enrollment status: Junior ____ Senior ____

Are you a past nursing scholarship(s) recipient? No ____ Yes ____ If yes, year: _____

If yes, name of scholarship(s) awarded _____

Other aid student applied for/may receive for academic year 2021-2022 (grants, scholarships, waivers, awards, etc.): _____

In what way would you benefit by receiving this scholarship? _____

Student Signature

I acknowledge that I have completed this form accurately and truthfully and that I meet the criteria to apply for this scholarship. I authorize the Rhode Island College School of Nursing Student Outcomes Committee to request and review my relevant educational and financial records necessary to determine my eligibility for this scholarship.

Student Signature: _____ Date: _____