

## The Doris Mathewson Award

Beneficent Congregational Church has established the Doris Mathewson Award within the Rhode Island College Foundation as an annual award to be used to benefit students of nursing at Rhode Island College. The award honors Doris Mathewson upon her retirement from parish nursing.

Doris Mathewson was a registered nurse who received her nursing diploma from Rhode Island Hospital School of Nursing, a bachelor's degree in nursing from Rhode Island College and a master's degree in nursing education from Salve Regina University. Doris is well known to the nursing community in Rhode Island. Her vision of parish nursing came to fruition when she became the founding parish nurse at Beneficent Congregational Church and she contributed greatly to the well-being of the church and the community. Devotion, perseverance, compassion, and an insightful ability for strong interpersonal relations characterized her work. This award was established to recognize those nursing students who have demonstrated these qualities and plan on practicing nursing in the State of RI.

**Monetary awards are offered annually, according to the wishes of the Beneficent Congregational Church, to two students enrolled in the School of Nursing; each awardee will receive \$1500 for the 2021-2022 academic year. Selection is based on academic performance, service to the department and /or community, and the students must have great financial need.**

### Selection Criteria

1. Applicants may be either part-time or full-time undergraduate students who have been accepted into the nursing major at Rhode Island College.
2. Applicants must have great financial need.
3. Applicants must possess an overall cumulative index of at least 3.0
4. Applicants must attain at least a 3.0 in each required nursing course.
5. Applicants must receive satisfactory clinical evaluations.
6. Although the primary emphasis is on scholarly achievement, each applicant should present evidence of department activities and service to the college and community.
7. A **signed, typewritten statement** about the students' personal philosophy of nursing must be submitted with the application form by email.

THE DORIS MATHEWSON AWARD – AY 2021-2022 -APPLICATION

Rhode Island College School of Nursing (RICSON)

**Nursing Scholarship applications are due by May 14, 2021.** The recipients of scholarships 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** form and typed **essay** as an attachment via **email** to Melissa DeCosta at [mdecosta@ric.edu](mailto:mdecosta@ric.edu) with the email subject **Nursing Scholarships**.

Student Applicant's Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

RIC Student ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

GPA: \_\_\_\_\_ Expected Month/Year of Graduation: \_\_\_\_\_

Fall 2021 enrollment status: Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ RN \_\_\_\_\_

Fall 2021 enrollment status: Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

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?

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Student Applicant's Legal Name: \_\_\_\_\_

RIC Student ID: \_\_\_\_\_

DESCRIBE INVOLVEMENT IN SCHOOL OF NURSING ACTIVITIES:

DESCRIBE SERVICE TO THE COLLEGE AND THE COMMUNITY:

**\*A typewritten statement about the students' personal philosophy of nursing must be signed and attached to the email with this application form\***

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: \_\_\_\_\_