

Eleanor M. Olson Nursing Scholarship Fund  
Rhode Island College Foundation

**History**

This scholarship fund was established in April 1990 with a gift from members of Eleanor Olson's family and friends. The scholarship honors Eleanor Olson (1923-1988), who was a graduate of The Memorial School of Nursing, Class of 1943. Her nursing career spanned four decades at Memorial Hospital and included serving as its Alumni Association President, Head Nurse of the Emergency Unit and Employees' Health Nurse. Among other attributes she exemplified in her career was professionalism.

**Preamble**

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 in two equal installments during the following academic year, after proof of registration as a full-time or part-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 award, provided through the interest earned under the principal of the fund, shall be at least \$250 per annum. Further, it is the desire of the family to review the fund periodically with the purpose in mind of possibly creating additional awards or adjusting the amount of the award as the fund grows. Beverly Berry, or her designee from the family, must be notified for her consent and approval prior to any changes. The chair of the nursing department will supervise the selection process.

**Selection Criteria and Process**

1. The recipient must be a Rhode Island resident.
2. Applicants must have a minimum grade point average of 2.5.
3. Preference will be given to qualified applicants who are descendants of graduates of the former Memorial Hospital School of Nursing, which was located in Pawtucket, RI.
4. The recipient must be accepted into the Nursing Program as a full-time or part-time student entering the sophomore (beginning), junior (intermediate) or senior (advanced) year.
5. Applicants for the award must complete a **typewritten essay** (no more than 500 words) which answers the following questions: Why did you choose nursing as a profession and how do you think you will contribute to the field?
6. Scholarship awards are for one year only.
7. Recipients may be considered in subsequent years, if eligible.
8. An Olson family representative is to be notified of the name of the recipient each year.

ELEANOR M. OLSON NURSING SCHOLARSHIP – AY 2021-2022 - APPLICATION

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** 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 \_\_\_\_\_

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.): \_\_\_\_\_

Is/was anyone in your family a graduate of the former Memorial Hospital School of Nursing, Pawtucket, Rhode Island? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, Name & Relationship of Graduate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*A typewritten essay (no more than 500 words) explaining why you chose nursing as a profession and how you think you will contribute to the field 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: \_\_\_\_\_