

Karla Carroll Memorial Nursing Scholarship

Karla Carroll was a graduate of the Rhode Island College nursing program. She loved nursing and dedicated herself to helping people. She was killed in a plane crash. In her honor, her mother has funded the Karla Carroll Memorial Nursing Scholarship. An annual award to a junior or senior level or RN to BSN nursing student who loves nursing and helping people as Karla did.

Selection Criteria

1. Completion of sophomore level nursing courses.
2. GPA > 2.5
3. Submit a completed application form.
4. Submit a **typewritten essay** (no more than 500 words) explaining why you chose nursing as a profession and provide some examples of how you help people.

KARLA CARROLL MEMORIAL 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 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: 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.): _____

A typewritten essay of 500 words maximum explaining why you chose nursing and examples of how you help people 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: _____