

Robert H. I. Goddard And Hope Drury Goddard Fund  
Rhode Island College School of Nursing (RICSON)

The scholarship will be credited to the recipient's account at Rhode Island 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 selected recipient not enroll for any reason, the credit shall be voided and the balance shall revert to the principal of the fund.

**Selection Criteria and Process**

- Students must be born in a country other than the United States OR be the child of at least one parent born in a country other than the United States.
- Students must be enrolled in the basic baccalaureate nursing program with the intention of achieving a Bachelor of Science in Nursing.
- Students must be enrolled full-time at Rhode Island College.
- Students must demonstrate need as determined by the Office of Financial Aid.
- Students must demonstrate academic ability.
- Students must submit a typewritten 500-word **essay** describing their professional goals and how receiving the scholarship would impact achieving them.
- Students must submit a **letter of recommendation** from someone other than a family member.
- Students must submit an unofficial Rhode Island College transcript.
- Goddard Scholarship awards are for one year only. Recipients may be considered in subsequent years, if eligible.

ROBERT H. I. GODDARD AND HOPE DRURY GODDARD FUND

AY 2021-2022 - APPLICATION

Rhode Island College School of Nursing (RICSON)

**Nursing Scholarship applications are due by May 14, 2021.** The award 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, essay, RIC transcript, and letter of recommendation** as an attachment 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 full-time enrollment status: Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

COUNTRY OF YOUR OR PARENTS' BIRTH: \_\_\_\_\_

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 full-tuition award? \_\_\_\_\_

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

**\*\*This signed, typed application form, essay, RIC transcript, and letter of recommendation must be submitted as an attachment(s) by email \*\***

Student Attestation & Signature

I acknowledge that I have completed this form accurately and truthfully and that I meet the criteria to apply for the Robert H. I. Goddard and Hope Drury Goddard Fund Award. 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: \_\_\_\_\_