

The Lucy C. Ayers Memorial Foundation Scholarship
(Rhode Island College)

This scholarship provides financial aid for tuition, room, board, books, and other expenses for students currently enrolled in the undergraduate nursing program. 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 chosen 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

1. The recipient must be a Rhode Island resident.
2. The recipient must be enrolled as a **full-time** (at least 12 credit hours) student in the Rhode Island College School of Nursing.
3. The recipient must demonstrate **financial need as determined by the Office of Financial Aid.**
4. Applicants must have a minimum grade point average of **3.0**.
5. Scholarship awards are for one year only.
6. Recipients may be considered in subsequent years, if eligible.

THE LUCY C. AYERS MEMORIAL FOUNDATION SCHOLARSHIP

AY 2021-2022- APPLICATION

Rhode Island College School of Nursing (RICSON)

Nursing Scholarship applications are due by May 14, 2021. The scholarship recipients 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 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 **full-time** enrollment status: Sophomore _____ 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: _____