

Rhode Island College
School of Nursing

Robert H. I. Goddard and Hope Drury Goddard Fund Application

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

- 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 be Rhode Island residents.
- 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.
- Student must submit unofficial Rhode Island College transcripts.

Selection Process

Recipients of the scholarship will be determined by a vote of the Nursing Faculty. Goddard Scholarship awards are for one year only. Recipients may be considered in subsequent years, if eligible.

NAME _____

RIC STUDENT ID _____ DATE OF BIRTH _____

ADDRESS _____

EMAIL ADDRESS: _____

CELL: _____

COUNTRY OF YOUR OR PARENT BIRTH _____

LEVEL __SOPH __JUNIOR __SENIOR GPA _____

ATTESTATION:

I hereby attest that I meet all Robert H. I. Goddard and Hope Drury Goddard Fund criteria to the best of my knowledge.

Print name _____

Signature _____ Date _____

RECORDS AUTHORIZATION:

I hereby authorize the Rhode Island College School of Nursing Student Outcomes Committee to receive copies of all educational and financial records necessary for review and consideration of this scholarship application from appropriate Rhode Island College officials.

Print name _____

Signature _____ Date _____

This form is to be typed or printed and returned along with the essay, letter of recommendation, and transcript to the Scholarship Coordinator, Department of Nursing, Room 155, Rhode Island College, Providence, Rhode Island 02908 by the **deadline of April 19th, 2019.**