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 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

The recipient must be a Rhode Island resident, be accepted into the Nursing Program as a full-time student (junior or senior) with demonstrated financial need as determined by the Office of Financial Aid.

Selection Process

1. Recipients of the scholarship will be determined by a vote of the Nursing faculty.

2. Scholarship awards are for one year only.

3. Recipients may be considered in subsequent years, if eligible.

4. Recipient will be notified of their selection by email.

5. Completed applications should be submitted to the Scholarship Coordinator in the School of Nursing by the deadline of April 19th.
RHODE ISLAND COLLEGE FOUNDATION
Class of 1957 Endowed Scholarship - APPLICATION

Date of Application

This form is to be typed or printed and returned to the Scholarship Coordinator, School of Nursing, Room 155, Rhode Island College, Providence, Rhode Island 02908 by the deadline of April 19th.

NAME: _____________________________________
Last First MI RIC Student ID

EMAIL ADDRESS: ___________________________

ADDRESS: ___________________________________________________________________
No. Street

__________________________________________
Town/City State Zip

TELEPHONE: ___________________________ DATE OF BIRTH: _______________
Mo. Day Year

Level for which Scholarship Requested: Junior ________ Senior _________
Full-time ______

RECORDS AUTHORIZATION:

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

Signature ___________________ Date ________