

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

The 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**

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.

**Selection Process**

1. Recipients of the scholarship will be determined by a vote of the faculty of the Rhode Island College School of Nursing.
2. Scholarship awards are for one year only.
3. Recipients may be considered in subsequent years, if eligible.
4. Recipient (s) 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**.

The Lucy C. Ayers Memorial Foundation Scholarship – APPLICATION

Date: \_\_\_\_\_

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 19<sup>th</sup>**.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

RIC Student ID Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student Level (Check one) \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

**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 \_\_\_\_\_