

## RHODE ISLAND COLLEGE FOUNDATION

### The Kristen A. Dupré Memorial Scholarship

#### HISTORY and PURPOSE

In 2011, the family and friends of Kristen Dupré established the Kristen A. Dupré Memorial Scholarship Fund. Kristen, a third generation nurse, worked in the Emergency Room of Memorial Hospital of Rhode Island until July 2007 when her life was cut short due to illness at the age of only 26. This is the same hospital in which her Mother and Grandmother also practiced nursing. While at Rhode Island College, Kristen worked two jobs until she successfully received her Bachelor of Science in Nursing in 2004. Her passion for helping others in need was part of her character throughout her entire life. Kristen left a lasting impression on the many lives that she touched, and a legacy of compassion, ambition, and inspiration that encouraged others to join the nursing profession.

The Kristen A. Dupré Memorial Scholarship will assist a student as they pursue their dream of becoming a nurse. The recipient will demonstrate a similar spirit and passion for the nursing profession that Kristen possessed.

#### SELECTION CRITERIA and PROCESS

1. The recipient must be enrolled in the basic baccalaureate nursing program with the intention of achieving a Bachelor of Science in Nursing.
2. The recipient must be enrolled full-time at Rhode Island College (at least 12 credit hours).
3. Applicants must submit a typewritten essay (no more than 500 words) demonstrating why the student qualifies for the Scholarship.
4. The recipient must demonstrate need as determined by the Office of Financial Aid.
5. Scholarship awards are for one year only.
6. Recipients of the scholarship will be determined by a vote of the Nursing faculty.
7. Recipients will be notified of their selection by email.
8. Completed applications and essays should be submitted to the Scholarship Coordinator in the School of Nursing by the **deadline of April 19<sup>th</sup>**.

The Kristen A. Dupré Memorial Scholarship– APPLICATION

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

This form is to be typed or printed and returned with the typewritten essay to the Scholarship Coordinator, Department 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: \_\_\_\_\_

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