

The William F. Ciambrone Scholarship – APPLICATION

Date of Application _____

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

Applicant's Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

RIC Student ID: _____ GPA: _____

The recipient:

- Must be a declared undergraduate nursing major
- Must be enrolled full-time (at least 12 credit hours)
- Must be a Rhode Island resident
- Must demonstrate financial need as determined by the Office of Financial Aid
- Must have achieved at least a **3.0 GPA** at the time of application for scholarship

Selection Process:

- Recipients of the scholarship will be determined by a vote of the Nursing faculty.
- Scholarship awards are for one year only.
- Recipient will be notified of their selection by email.
- Completed applications should be submitted to the Scholarship Coordinator in the School of Nursing by the **deadline of April 19th**.

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: _____