

Class of 1957 Endowed Scholarship – AY 2022-2023 - APPLICATION

Rhode Island College Foundation

Zvart Onanian School of Nursing

**Nursing Scholarship applications are due by May 25, 2022.** The scholarship recipient will be determined by a vote of the Nursing faculty. Decision letters will be emailed in **late August 2022**. Please send your completed, typed, signed application as an attachment to the Student Outcomes Committee at [sonstudentoutcomes@ric.edu](mailto:sonstudentoutcomes@ric.edu) with the email subject **Nursing Scholarships**.

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.

**The recipient:**

- Must be a Rhode Island resident.
- Must be an accepted junior or senior Nursing major and a **full-time** student (at least 12 credit hours) in the fall 2022.
- Must demonstrate **financial need as determined by the Office of Financial Aid (FAFSA required)**.
- Will receive the award for one academic year; may be considered in subsequent years, if eligible.

Student Applicant's Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

RIC Student ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

GPA: \_\_\_\_\_ Expected Month/Year of Graduation: \_\_\_\_\_

Fall 2022 **full-time** enrollment status: Junior \_\_\_ Senior \_\_\_

Are you a past nursing scholarship(s) recipient? No \_\_\_ Yes \_\_\_ If yes, year: \_\_\_\_\_

If yes, name of scholarship(s) awarded \_\_\_\_\_

Other aid student applied for/may receive for academic year 2022-2023 (grants, scholarships, waivers, awards, etc.): \_\_\_\_\_

In what way would you benefit by receiving this scholarship? \_\_\_\_\_

\_\_\_\_\_

**Student Signature**

I acknowledge that I have completed this form accurately and truthfully and that I meet the criteria to apply for this scholarship. I authorize the Zvart Onanian School of Nursing Student Outcomes Committee to request and review my relevant educational and financial records necessary to determine my eligibility for this scholarship.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_