

Debra A. Dumont Memorial Scholarship Endowment Fund
Rhode Island College Foundation

History and Purpose

This endowment fund was established in April 1994 by the family and friends of Debra A. Dumont, a senior nursing student at Rhode Island College whose life was claimed in a fatal car accident just prior to her graduation. Particularly active in generating widespread support for the new Fund in Debra's memory were her father and stepmother, Gordon and Catherine Dumont, and Michael Turcotte, L. P. N., who had worked with Debra. Many members of her loving family and wide circle of admiring friends contributed to the Debra A. Dumont Scholarship.

Debbie was a dedicated, caring, loving young woman who was a nursing assistant at Elmhurst Nursing Home while she pursued her studies. It is the donor's wish to provide scholarship support for students at the College who are following in Debra's footsteps and who are very much like her in their passion for nursing as a profession.

Recipient Selection Criteria

1. Must be a U. S. citizen and a Rhode Island resident.
2. Must be a junior or senior full-time (at least 12 credit hours) fall 2022 nursing student with caring qualities
3. Must demonstrate financial need as determined by the Office of Financial Aid (FAFSA required).
4. The student must be working while completing their degree and must be committed to nursing as a career.
5. Applicants for the award must complete a typewritten essay (no more than 500 words) on **"What Nursing Means to Me."**

DEBRA A. DUMONT MEMORIAL SCHOLARSHIP – AY 2022-2023 – APPLICATION

Zvart Onanian School of Nursing

Nursing Scholarship applications are due by May 25, 2022. The scholarship recipients 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** form and typed **essay** as an attachment via **email** to the Student Outcomes Committee at sonstudentoutcomes@ric.edu with the email subject **Nursing Scholarships**.

Student Applicant's Legal Name: _____

Home Address: _____

Email Address: _____

RIC Student ID: _____ Phone Number: _____

U.S. Citizen: Yes _____ No _____

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.): _____

Place of Employment: _____

Type of Employment: _____

Length of Employment: _____

A typewritten statement about "What Nursing Means to Me" must be signed and attached to the email with this application form

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: _____