

## **Karla Carroll Memorial Nursing Scholarship**

Karla Carroll was a graduate of the Rhode Island College nursing program. She loved nursing and dedicated herself to helping people. She was killed in a plane crash. In her honor, her mother has funded the Karla Carroll Memorial Nursing Scholarship - an annual award to a junior or senior level or RN to BSN nursing student who loves nursing and helping people as Karla did.

### **Selection Criteria**

1. Completion of sophomore level nursing courses.
2. GPA > **2.5**
3. Submit a completed application form.
4. Submit a **typewritten essay** (no more than 500 words) explaining why you chose nursing as a profession and provide some examples of how you help people.

KARLA CARROLL MEMORIAL SCHOLARSHIP – AY 2022-2023- APPLICATION

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** form and typed **essay** as an attachment via email to [sonstudentoutcomes@ric.edu](mailto:sonstudentoutcomes@ric.edu) with the email subject **Nursing Scholarships**.

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

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

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

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

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

Fall 2022 enrollment status: Junior \_\_\_\_\_ Senior \_\_\_\_\_ RN \_\_\_\_\_

Fall 2022 enrollment status: Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

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.): \_\_\_\_\_

**\*A typewritten essay of 500 words maximum explaining why you chose nursing and examples of how you help people 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: \_\_\_\_\_