

Robert H. I. Goddard and Hope Drury Goddard Fund
Zvart Onanian School of Nursing

The scholarship award will be credited to the recipient's account at Rhode Island 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 selected recipient not enroll for any reason, the credit shall be voided and the balance shall revert to the principal of the fund.

Selection Criteria and Process

- Students must be born in a country other than the United States OR be the child of at least one parent born in a country other than the United States.
- Students must be enrolled in the basic baccalaureate nursing program with the intention of achieving a Bachelor of Science in Nursing.
- Students must be enrolled full-time at Rhode Island College.
- Students must demonstrate financial need as determined by the Office of Financial Aid (**FAFSA required**).

ROBERT H. I. GODDARD AND HOPE DRURY GODDARD FUND

AY 2022-2023 - APPLICATION

Zvart Onanian School of Nursing

Nursing Scholarship applications are due by May 25, 2022. The award recipient will be determined by a vote of the Nursing faculty. Decision letters will be emailed in **late August 2022**. Please send your completed, signed, typed **application** to 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 full-time enrollment status: Sophomore ____ Junior ____ Senior ____

COUNTRY OF **YOUR OR YOUR PARENTS'** BIRTH: _____

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 full-tuition award? _____

Student Attestation & Signature

I acknowledge that I have completed this form accurately and truthfully and that I meet the criteria to apply for the Robert H. I. Goddard and Hope Drury Goddard Fund Award. 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: _____