

THE ZVART ONANIAN ENDOWED SCHOLARSHIP
Rhode Island College Foundation

The Zvart Onanian Endowed Scholarship has been established within the Rhode Island College Foundation by Edward Avedisian with love and respect for his sister, Zvart Avedisian Onanian. It is intended to honor her commitment to education and her lifetime of selfless service to medicine, her family, extended family and to her church. Nursing truly has been, and continues to be, her calling. She has always been "on call" as the family's resident nurse, dispensing advice and cures at a moment's notice. Her interest in nursing endures, and she still keeps up with the latest advances in the field. This fund was established to help support Zvart Onanian School of Nursing undergraduate nursing students.

Selection Criteria

1. Applicants must be enrolled full-time as nursing majors in the Zvart Onanian School of Nursing.
2. Scholarship applicants must possess a minimum overall cumulative G.P.A. of **3.25**.
3. Applicants must demonstrate financial need as defined by the Office of Financial Aid (FAFSA required).
4. Each applicant must demonstrate a commitment to the field of nursing which may be demonstrated by extracurricular activities, volunteerism, mentorship, and civic engagement or other relevant activities.

THE ZVART ONANIAN ENDOWED 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 **statement** as an attachment via **email** 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: Yes

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.): _____

DESCRIBE INVOLVEMENT IN SCHOOL OF NURSING ACTIVITIES:

DESCRIBE SERVICE TO THE COLLEGE AND THE COMMUNITY, ETC:

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: _____