



RUTH NEFF MEMORIAL NURSING SCHOLARSHIP

Eligibility Requirements

Applicant must:

1. Be enrolled in the final year of a Registered Nursing program.
 2. Possess a 3.0 GPA on a 4.0 scale upon entering final year.
 3. Be a graduate of one of the following Illinois high schools*:
 - a) Annawan High School
 - b) Bradford High School
 - c) Bureau Valley High School
 - d) Cambridge High School
 - e) Galva High School
 - f) Kewanee High School
 - g) Stark County High School
 - h) Wethersfield High School
- * or area high school that has been closed or consolidated into one of the above-listed schools.
4. Acquire 2 letters of recommendation:
 - a) One from a teacher at the school you are attending and,
 - b) One from a non-relative.
 5. Submit completed application form along with letters of recommendation and most recent transcript by April 1, 2010 to:

Kewanee Hospital Marketing & Development
P.O. Box 747
Kewanee, IL 61443

One scholarship is awarded annually to be based on financial need, scholastic achievement, and long-term professional and personal goals of applicant. Scholarship recipients will be notified of award by June 1, 2010. This year's scholarship award of **\$700** will be paid directly to the recipient to be used for tuition and/or books and lab fees.

Applications are available at the Information Desk, at www.kewaneehospital.com, or by contacting Jenny Pierce-Smith at 309.852.7822.

APPLICATION FORM

PLEASE PRINT:

Name _____
(Last Name) (First Name) (Middle Name)

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Name of Parent, Guardian _____
Or Spouse (for legal notification purposes)

Address _____ Phone _____ Relationship _____

Graduate of (name high school) _____ Year graduated _____

Name of nursing School you are attending _____

City/State _____

Date you expected to graduate _____ Grade Point Average _____

Academic Honors (if any) _____

Please provide anticipated budget for the coming school year:

Tuition	_____
Books/Lab Fees	_____
Room/Board	_____
TOTAL	_____

Have you applied for, or are you currently receiving any form of financial aid? Please list Sources below:

Are there extenuating circumstances which places you in a position of financial need at this time?

If you live independently (not supported by your parents), what is your annual combined household income? (if married, be sure to include both incomes)

Brief autobiography:

Why did you choose nursing as a career?

In what special fields of nursing are you most interested?

Please state our plans following graduation:

To my knowledge the information herein is correct.

Signature of Applicant _____ Date _____