

**Monroe Community College  
Nursing Scholarship Application**

**All application materials must be received on or before October 26 for fall semester and March 22 for spring semester by 5 pm to Department of Nursing Office, 9-111, Monroe Community College, 1000 E Henrietta Rd., Rochester, NY 14623-5780**

**Please Print or Type.**

Name: \_\_\_\_\_

Student M Number \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Anticipated Enrollment Status: Full time (12 credits or more) \_\_\_\_ Part time \_\_\_\_

Single Parent: Yes \_\_\_\_ No \_\_\_\_

High School graduate: Yes \_\_\_\_ No \_\_\_\_ School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College GPA \_\_\_\_\_

Have you previously attended any college (including MCC), university or vocational-technical institution? Yes \_\_\_\_ No \_\_\_\_

If Yes, please list: School	City/State	Attendance Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past and current nursing clinical instructors may be contacted for recommendation on your behalf. Please list them in the columns below.

Faculty	Nursing Course	Grade	Semester & Year
_____	NUR 111	_____	_____
_____	NUR 112	_____	_____
_____	NUR 211	_____	_____
_____	NUR 212	_____	_____
_____	NUR 214	_____	_____

**Nursing Statement:** In 400-500 words (approximately 2 pages of typed manuscript), please discuss:

1. Your interest and commitment to nursing.
2. The qualities you have that you believe make you deserving of a scholarship.
3. Where you envision yourself in your nursing career three years after graduation.

**All scholarship applicants are required to submit the Nursing Statement. Appearance and completeness will be considered during evaluation.**

**A student needs to be enrolled in the nursing program and meeting the requirement for advancement in the nursing program ( as per MCC catalog and student handbook) at the time of disbursement of the scholarship in order to be eligible for the scholarship award. Failure to meet these requirements at the end of any term would result in the cancellation of future awards from the scholarship.**

## **Biographical Information**

**The following biographical information is necessary for presentation of award winners. All potential candidates must complete this information as part of the nursing scholarship application.**

### ***Community Involvement***

Identify any community projects or volunteer work undertaken. List all nonprofit or volunteer work.

### ***Professional Involvement***

List involvement in the nursing profession. List activities or experiences undertaken and/or maintained while a student nurse. Examples: Membership in nursing associations; internships; nursing related experiences; promoting nursing programs or the nursing profession

### ***Leadership Experience***

List any office or committee positions held by the candidate in school and in any community or professional organization

### ***Academic Achievements***

List scholarships, academic awards, honor classes and societies

### ***Plans after Graduation***

Identify your specific plans after graduation

# Financial Aid Form

The following financial aid information is necessary for most nursing scholarship awards, but not all. Completion may increase the number of scholarships for which you could be eligible.

Name \_\_\_\_\_

Student M Number \_\_\_\_\_

1. Adjusted gross income from previous year tax return \$ \_\_\_\_\_  
(If married, include spouse; dependent students, report parent's income)
2. Amount of non-taxable income received by family and/or student for current school year \$ \_\_\_\_\_
3. Number of dependents claimed on tax return \_\_\_\_\_
4. Number of household members (current school year) \_\_\_\_\_
5. Number in college \_\_\_\_\_
6. Amount of other financial aid received for current school year \$ \_\_\_\_\_
7. Monthly mortgage or rent payment \$ \_\_\_\_\_

To the best of my knowledge, the above information is true and accurate.

\_\_\_\_\_  
(Signature and date)

---

## To be completed by financial aid officer

The financial aid office ranks/rates this student in terms of financial need (Number 1 is the greatest need)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
(Signature of Financial Aid Officer, Date)

