

FRIENDS OF SAINT LOUIS MUNICIPAL SCHOOL OF NURSING SCHOLARSHIP

Overview and Instructions for the 2009 APPLICATION—Deadline May 1

PROGRAM DESCRIPTION

The Friends of Saint Louis Municipal School of Nursing Scholarship is open to academically qualified undergraduate students attending accredited nursing programs located in the City of St. Louis who have demonstrated financial need. Students may be pursuing a diploma, Associate's or Bachelor's degree in nursing attending part or full time.

Eligible programs:

- Barnes-Jewish College Goldfarb School of Nursing
- Saint Louis University School of Nursing
- St. Louis Community College at Forest Park
- Lutheran School of Nursing
- Chamberlain College of Nursing

The Friends of Saint Louis Municipal School of Nursing was established in 1954 to provide all manner of support to students in the nursing program that prepared nurses to work at City Hospital. The Friends' legacy lives on through this scholarship program established at the Community Foundation in 2007. For the 2009-2010 academic year, at least \$10,000 will be available in renewable scholarship awards that range from \$1,000 to \$6,000, based on unmet financial need.

APPLICATION PROCESS

Eligible students may obtain an application from the website of the Greater Saint Louis Community Foundation www.gstlcf.org. Application postmark deadline is **May 1**.

Applications will be evaluated on the basis of past academic performance, potential for continued success, the quality of the essay and recommendations and evidence of the student's commitment to the healthcare field. Selection of the recipients and the scholarship amount will be determined from information provided by the applicant, the applicant's family, and the schools. Because this award considers unmet financial need, the scholarship amount can change from year to year.

Each applicant will be notified of his or her status in the competition by mid June.

Eligibility, financial need, and award amount for these scholarship programs will be determined by the Greater Saint Louis Community Foundation. These scholarship programs, as component funds of the Greater Saint Louis Community Foundation, do not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability.

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Deadline: The following application materials must be postmarked by **May 1.**

Use this list to keep track of materials required for your application.

Date submitted

1. The completed and signed **application** form _____
 2. A brief **Essay** that tells us about your vision of your future as a healthcare professional and how you plan to make your vision happen. Background about what led to your decision to enter this field will strengthen your essay. _____
 3. **Two Letters of Recommendation:** (Write your name on the form before giving it to your recommender!)
 one from an instructor in your major field of study: _____
 one from another instructor, or a supervisor, employer, or clergy member: _____
- NOTE: Provide a form and an envelope to those who will write recommendations for you. The recommender may **either** return the completed form to you in a sealed envelope for you to submit with your application **OR** they may mail their recommendation directly to the Community Foundation. It is your responsibility to assure that the recommendations are submitted by the postmark deadline.
4. An official cumulative **transcript** of academic work through the Fall term that indicates a cumulative 2.5 grade point average on a 4 point scale (or equivalent). A printout from a secure college website is acceptable for college students. High school applicants must request an official transcript from the high school. _____
 5. A photocopy of your **Financial Aid Award** letter for the coming year from the college you will attend.
 Current college students: If the award letter for the coming year is not yet available, please provide a copy of your current financial aid award letter **and send a copy of the new letter as soon as it is available.** Your award will not be finalized or announced until this document is received. _____
 6. A photocopy of the 2009 FAFSA **Student Aid Report (SAR)** that includes the Expected Family Contribution (**EFC**)
 To file the Free Application for Federal Student Aid, visit <http://www.fafsa.ed.gov> and follow the detailed instructions. _____

Questions? Contact Amy B. Murphy, Donor Services & Scholarship Officer, at 314.588.8200, ext. 132, or amurphy@gstlcf.org

KEEP A PHOTOCOPY OF THIS ENTIRE APPLICATION FOR YOUR FILES.

Postmarked by **May 1**, all application materials should be sent to:

NURSING SCHOLARSHIPS
GREATER SAINT LOUIS COMMUNITY FOUNDATION
319 NORTH FOURTH STREET SUITE 300
ST. LOUIS, MO 63102

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2009 APPLICATION

Postmark deadline for application and supporting materials: **May 1**. Complete all items. Label all enclosures with your full name.

1. Name _____
First Middle Last
2. Last 4 digits of Soc. Sec. # _____
or Student ID # _____
3. Permanent Address _____
Street City/State Zip
4. Telephone number (_____) _____ 5. Mobile phone number (_____) _____
6. Email address: _____ 7. Date of Birth _____ Age _____
Month Day Year
8. Marital Status: Single _____ Married _____ 9. Gender: Male _____ Female _____
10. I am an applicant for financial aid at the college I plan to attend. Yes No If No, attach a note explaining why not.
11. I plan to enroll in _____ semester hours (or the equivalent) in the Fall term and _____ semester hours in the Spring term.
12. Alternate contact (spouse, parent(s), guardian, adult sibling) Name _____
13. Address (if different from #3 above) _____
Street City/State Zip
14. Daytime Phone Number (_____) _____ Extension _____ 15. Mobile phone number (_____) _____
16. How did you learn about this Nursing Scholarship? _____
17. Applicant's current school _____
Name
18. Address _____ 19. High School graduation date _____
Street City / State Zip Month Year
20. College you plan to attend Fall 2009, if different: _____
name city and state
21. Academic program or emphasis **and degree** being pursued: _____
22. Expected program completion date: _____
month and year
23. Provide information on your work, extracurricular and/or volunteer experience, concentrating on those most important to you:
- | Activity | Time involved | Period of involvement | Position(s) held and/or details of the activity |
|----------|---------------|-----------------------|---|
| • _____ | _____ | _____ | _____ |
| • _____ | _____ | _____ | _____ |
| • _____ | _____ | _____ | _____ |

24. Applicant's housing plans for 2009-2010 academic year: _____

25a. Amount of financial assistance you are or will be receiving from any other sources:	Received 2008-2009	Will Receive 2009-2010
a. Talent award (academic, music, sports, etc.) Type _____	\$ _____	\$ _____
b. Military (ROTC, National Guard Reserves, etc.)	\$ _____	\$ _____
c. State Scholarship (such as Missouri's Bright Flight)	\$ _____	\$ _____
d. Private award(s) from _____	\$ _____	\$ _____
e. Employer tuition benefits from _____	\$ _____	\$ _____
f. Out-of-state tuition waiver from the college	\$ _____	\$ _____
g. Other assistance from _____	\$ _____	\$ _____

25b. If you are not receiving, or will not receive, any of the above, initial appropriate line → _____

If you are receiving a scholarship or other assistance with renewal restrictions, such as continued participation in an activity or a minimum grade point average, please provide detailed information here, or enclose a copy of the award description.

26a. If you are a dependent student, provide information on all family members claimed on your parent's most recent federal tax returns:

Name of family member	Age	Relationship to candidate	Name of school or college he or she will attend for the 2009-2010 academic year	Cost of attending per year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26b. If a parent is listed as college student, will tuition be paid or reimbursed by employer? Yes ___ No ___ If yes, reimbursable amount: _____

Divorced families: 27a. Who claimed applicant as a dependent on most recent income tax return? _____

27b. Will non-custodial parent contribute to education costs of the applicant? Yes ___ No ___ If yes, annual amount \$ _____

28. **If you wish to inform the Foundation of any unusual financial circumstances, including costs associated with the applicant's education or educational loans already incurred for or by applicant, please provide on a separate sheet, headed by the applicant's name.**

29. Attach an **Essay**, headed by your name, that tells us about your vision of your future as a healthcare professional and how you plan to make your vision happen. You may include information about circumstances or people that have influenced you or had an effect on your achievement, or unusual hardships you have had to overcome or will overcome to achieve your goals. Background about what led to your decision to enter this field and how it ties to the specific scholarship for which you are applying will strengthen your essay.

You are required to provide a clear copy of your current FAFSA Student Aid Report (SAR) and your financial aid award letter from your school or college. Tax forms, W-2s or other documentation may be requested by the Greater Saint Louis Community Foundation to confirm information on the FAFSA.

Your signature at the end of the application authorizes the Greater Saint Louis Community Foundation and its selection committee to examine and verify your academic and financial records and to release pertinent data to those involved with the Foundation programs. Your signature certifies that all information here is true and complete to the best of your knowledge. An unsigned or incomplete application will make the applicant ineligible for consideration for a scholarship award.

30. Applicant's Signature _____ 31. Date _____

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Letter of Recommendation for

Applicant Name:		
Instructions for person making the recommendation		
<ul style="list-style-type: none"> Complete the form. Attach a letter if you wish to expand on the information requested here. Place completed recommendation in an envelope, <u>seal and sign your name across the seal</u>. Return the form to the applicant <u>or</u> mail directly to: Nursing Scholarships, Greater Saint Louis Community Foundation, 319 N. Fourth Street Suite 300, St. Louis, MO 63102 Postmark deadline: May 1 		
How long have you known the applicant?		
Identify the associations you have had with the applicant. Check all that apply.		
<input type="checkbox"/> Instructor	<input type="checkbox"/> Employer/Supervisor	<input type="checkbox"/> Friend
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Academic Advisor	<input type="checkbox"/> Other _____

Please rate the applicant by entering a ✓ in the appropriate spaces below.					
	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-Making Ability					
Organizational Skills					
Communication Skills: Written					
Oral					
Adaptability to Stress					
Positive Attitude					
Integrity / Honesty					
Interpersonal Sensitivity					
Leadership Ability					
Ability to commit to: A goal					
Persons					

In addition to the ratings, please give your assessment of this student's commitment to and suitability to be a healthcare professional. Attach a letter or use the reverse side of this form if extra space is needed.

My recommendation is:	
<input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservations <input type="checkbox"/> Do not recommend	
Signature of Person Making Recommendation	Date
Printed Name	Business and Position (if applicable)
Address	
Daytime Telephone Number	Email Address

