

**MARY MARSHALL NURSING SCHOLARSHIP PROGRAM FOR
REGISTERED NURSES
2011 APPLICATION**

APPLICATION REQUIREMENTS

Please ensure that you read and understand the following information prior to applying for a scholarship award.

Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.

- 1) All items on the application form **must be answered**.
- 2) A current official transcript of grades must be submitted from **all schools attended**. If you have a student identification number, please provide this # on the application (section 2). This is important so that our office can match your transcript with the application.
- 3) If no college courses attempted, then an official high school transcript or equivalent must be submitted.
- 4) Applicants must demonstrate a cumulative grade point at the minimum of 2.5 required.
- 5) Both the Dean/Director/Chair of the School of Nursing and the Financial Aid Officer/Authorized Person must provide original signatures in their sections of the application.
- 6) Applicants must file the Financial Aid Form (FAF) of the College Scholarship Service, the Family Financial Statement (FFS) of the American College Testing, or the Free Application for Federal Student Aid (FAFSA) with the institution they will attend in order that their financial needs can be determined. The recommendation of the Financial Aid Officer must be based upon one of the three above referenced need analysis documents and must include a specific dollar amount determined to be the applicant's financial need.

★ Please carefully review Section 4 where the Financial Aid Office makes recommendations for financial need. If you have questions regarding the recommended need, please discuss with the Financial Aid Officer before submitting completed application.

- 7) Applications and transcripts must be postmarked by **June 30** for the academic year beginning in the fall of the calendar year that you are applying. (Applications are not accepted prior to May 1.)
- 8) **Applications must be typed; handwritten applications will be not accepted.**
- 9) It is the responsibility of the applicant to see that:
 - a) The application form is completed entirely;
 - b) A current official grade transcript must be included with the application or postmarked to the Office of Minority Health and Health Equity prior to June 30;
 - c) All original signatures are obtained on the application form; and
 - d) Application and official grade transcript are to be postmarked prior to **June 30** to:

Virginia Department of Health
Office of Minority Health and Health Equity
ATTN: Mary Marshall Nursing Scholarship
109 Governor St., Suite 1016-East
Richmond, Virginia 23219

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CHECKLIST

This checklist has been provided to facilitate your application process. Please ensure that all items have been completed or submitted with the application prior to mailing. Please maintain a copy of the application for your records. The applicant is responsible for ensuring that the application is complete. **Only completed applications will be considered for scholarship awards.**

Please keep this checklist for your records.

- A completed Mary Marshall Nursing Scholarship Program for Registered Nurses Application for 2011-2012, with original signatures. **Old applications and handwritten applications will not be accepted.**
- A **current official (sealed) transcript** of grades from all schools and/or undergraduate courses. If no college courses are attempted, an official high school transcript or equivalent must be submitted.

Please be sure that:

- All items on the application are answered.
- All authorized school officials have signed and dated the application in the designated places.
- The application and transcript(s) are to be postmarked to the Office of Minority Health and Health Equity by the June 30 deadline.
- You maintain a copy of this application for your records.

SECTION 1 – PERSONAL DATA

Date of Application: _____

Legal Name:

_____ Last First MI Maiden

_____ Preferred Name

Address:

_____ Street Number and Name

_____ City State Zip

Day Phone Number: (000) 000-0000 Evening Phone Number: (000) 000-0000

Email Address: _____

Social Security Number: 000-00-0000 Sex: Please Select One

Date of Birth: _____ Place of Birth: _____

Race/Ethnicity: Please Select One Other: _____

How long have you been a resident of Virginia? _____

Congressional District: _____ (Please check with your voter registration office or visit <http://nationalatlas.gov/printable/congress.html>)

Are you a high school graduate? Please Select One Do you possess a GED? Please Select One

Are you a certified nursing assistant (CNA)? Please Select One

Have you ever received a Mary Marshall Nursing Scholarship? Please Select One

If yes, in what year(s)? _____

If you had a different name when you applied previously, please provide it here: _____

What school of nursing were you attending during that time? _____

Are you currently a registered nurse (RN)? Please Select One

Are you currently a licensed practical nurse (LPN)? Please Select One

Do you speak another language? Please Select One If yes, please list: _____

CONTACT PERSON (OTHER THAN APPLICANT)

Name:

_____ Last First MI

Address:

_____ Street Number and Name

_____ City State Zip

Phone Number: (000) 000-0000 Relationship to Applicant: _____

SECTION 2 – NURSING EDUCATION

School of Nursing: _____

Student Identification or Social Security Number _____

Address: _____
 Street Number and Name

 City State Zip

Phone Number : _____ (000) 000-0000

Full-time Student: Part-time Student: If Part-time student, how many credit hours are you taking? _____

Have you transferred to this school from another nursing program? Please Select One

Name of previous school: _____

Date of enrollment in present Nursing Program: Month Year

Expected date of graduation: Month Year

Nursing Program Level: Please check the program type and current level. Specify level in September.

<u>Program</u>	<u>Current Level</u>	<u>Level in September</u>
Please Select One	Please Select One	Please Select One

SECTION 3 – PRIOR EDUCATION

School	Diploma/Degree	City and State	Date of Attendance	Reason for Leaving
1. _____	_____	_____	-	_____
2. _____	_____	_____	-	_____
3. _____	_____	_____	-	_____

SECTION 4 – WORK EXPERIENCE

Check here if you have never been employed, and skip to Section 5

Type of Position	Name of Employer	City and State	Dates of Employment	Reason for Leaving
1. _____	_____	_____	-	_____
2. _____	_____	_____	-	_____
3. _____	_____	_____	-	_____

SECTION 5 – OTHER HEALTH-RELATED AND/OR CIVIC EXPERIENCES

Type of Position	Organization	City and State	Dates of Work
1.			-
2.			-
3.			-

SECTION 6 – OTHER FINANCIAL ASSISTANCE

Are you receiving any other type of financial aid for the upcoming school year? Please Select One

Please indicate: _____

SECTION 7 – NARRATIVE SUMMARY (Required)

Explain briefly, *in one page or less*, the significance of the Mary Marshall Nursing Scholarship in pursuing your educational goals. Also, include school and/or community activities as well as any skill-set that is pertinent to your profession. It is important that you consider including plans for professional practice following graduation.

Print Name of Applicant

Date

Signature of Applicant

SECTION 8 – CERTIFICATION STATEMENT

All of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. If asked by the Nursing Scholarship Advisory Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Mary Marshall Nursing Scholarship.

Signature of Applicant

Date

Full Name (Please Print)

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SECTION 9 – SCHOOL OF NURSING RECOMMENDATION

To be completed by the Dean/Director of the School of Nursing

Please print and provide original signature upon completion of form.

Cumulative grade point average must be filled in and source of computation cited.

1. Name of applicant: _____
2. Student Identification or Social Security Number: _____
3. This applicant is: Please Select One
4. Date of entrance: Month _____ Year _____
5. During this award period, the applicant will be a: Please Select One
6. Cumulative Grade Point Average: _____ (Applicants must have at least a 2.5 cumulative GPA)
Source of computation: Please Select One If other, please specify _____
7. Please specify any extenuating circumstances that may have influenced your recommendation.

I recommend _____ (Full Name of Applicant) _____ for a Mary Marshall Nursing Scholarship Award.

Name of Authorized Person Completing This Section

Title

Signature

Date

Full Name of School of Nursing

Phone Number

E-Mail Address

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SECTION 8 – FINANCIAL NEED RECOMMENDATION

To be completed and signed by the Financial Aid Officer or Program Director

This section must include a monetary recommendation. The Mary Marshall Nursing Scholarship is a need-based aid program; therefore, the amount recommended must be documented by one of the accepted uniform methodology needs analysis systems. Please use the most recent needs analysis on file for this student to recommend the amount of scholarship required to meet need, after taking into consideration other financial aid already received by the applicant.

1. Applicant Name: _____
2. Student Identification or Social Security Number _____

3. Student Costs and Resources:

Student Aid Budget for Applicant	_____
Expected Family Contribution (EFC)	_____
Financial Aid Received (excluding loans)	_____
Remaining Need	_____
Cost of Program for One Year (including tuition, fees, books, uniforms, etc.)	_____

24. Scholarship Recommendation:

Award range for undergraduates may not exceed \$2,000 annually. (Please note that the amount recommended may not exceed the amount of remaining need shown above. The Nursing Scholarship Committee will not make an award that exceeds the financial aid officer's recommendation. Award range for undergraduate is \$1,200 to \$2,000.

Based upon a review of this applicant's financial situation, I recommend a Mary
Marshall Nursing Scholarship award of (*check one*):

\$0 to \$499
 \$500 to \$1,200
 \$1,201 to \$2000

If your recommendation is less than both the "remaining need" above and the maximum allowable reflected in the award range above, please explain:

3. Needs Analysis Method Used:

Please indicate which of the following methods was used in determining the applicant's financial need and the academic year for which the form was filed. (Financial Aid Officers are encouraged to use the need analysis for the year in which the student is applying for assistance.)

<input type="checkbox"/> CSS	<input type="checkbox"/> ACT	<input type="checkbox"/> PELL	<input type="checkbox"/> FAFSA	Academic Year: 2011 to 2012
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4. Please specify any extenuating circumstances which may have influenced your recommendation.

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Name of Financial Aid Officer/Authorized Person (Please Print)

Phone Number

Signature of Financial Aid Officer/Authorized Person

Date

E-Mail Address