

# MARY MARSHALL NURSING SCHOLARSHIP PROGRAM FOR REGISTERED NURSES

## 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 average of at least 3.0 in **required** courses, not electives.
- 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) It is the responsibility of the applicant to see that:
  - a) The application form is completed entirely;
  - b) A current official grade transcript is included with the application or has been mailed to the Office of Minority Health and Public Health Policy prior to June 30;
  - c) All original signatures are obtained on the application form; and
  - d) Application and official grade transcript are mailed prior to **June 30<sup>th</sup>** to:

Virginia Department of Health  
Office of Minority Health and Health Equity  
**ATTN: Mary Marshall Nursing Scholarships**  
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 2019, 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 mailed to the Office of Minority Health and Public Health Policy by the June 30 deadline.
- You maintain a copy of this application for your records.**

**SECTION 1 – PERSONAL DATA**

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Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_  
Street Number and Name

City State Zip

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

Email Address (if available): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: 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**

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School of Nursing: \_\_\_\_\_

Student Identification or Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name

City State Zip

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**

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

**SECTION 6 – OTHER FINANCIAL ASSISTANCE**

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

Please indicate: \_\_\_\_\_

**SECTION 7 – NARRATIVE SUMMARY (Required)**

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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.

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Print Name of Applicant

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Date

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Signature of Applicant

**SECTION 8 – CERTIFICATION STATEMENT**

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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.

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Signature of Applicant

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Date

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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 a 3.0 cumulative GPA in Required Courses, not electives)
Source of computation: Please Select One If other, please specify \_\_\_\_\_
7. Please specify any extenuating circumstances that may have influenced your recommendation.

Empty rectangular box for extenuating circumstances.

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 \$2000 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 \$1200 to \$2000.

Based upon a review of this applicant's financial situation, I recommend a Mary Marshall Nursing Scholarship award of (check one):
\$0 to \$499
\$400 to \$1200
\$1200 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:

[Empty box for explanation]

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.)

CSS ACT PELL FAFSA Academic Year: 2010 to 2011

4. Please specify any extenuating circumstances which may have influenced your recommendation.

[Empty box for extenuating circumstances]

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

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

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Phone Number

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Signature of Financial Aid Officer/Authorized Person

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Date

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E-Mail Address