



CLIFFORD AND GLADYS ELLERBROOK ENDER NURSING SCHOLARSHIP

The purpose of this scholarship is to help ensure that the nursing care needs of the residents of Dearborn and Ohio counties are satisfied. To accomplish this, people must be adequately educated and trained. This scholarship is created to assist interested people in meeting the expenses required of that education and training.

Eligibility Criteria:

- Must be a resident of Dearborn County;
- Must be a graduate (**at any time**) of South Dearborn, Aurora, Dillsboro or Moores Hill high schools; and
- While enrolled in a certified post-secondary nursing program, must be pursuing an undergraduate level LPN or RN degree with an accredited educational institution.

Selection Criteria:

- Dedication and commitment to helping others through a nursing profession;
- Work history or school activities related to nursing, healthcare and/or care-giving to sick, injured or elderly persons;
- Noteworthy achievements, awards or recognition relevant to nursing;
- Academic performance in life sciences and other courses relevant to nursing;
- Financial need; and
- Commitment to practicing nursing in Dearborn and Ohio counties, following education and training.

Application Requirements:

1. Application information must be typed or computer generated for legibility;
2. Make sure that your name does **NOT** appear on any pages other than page 1. **Only the last 4 digits of your SS #** should appear in the top right hand corner of succeeding pages. This requirement is to ensure that your application is scored objectively.
3. Completed applications must be received in the Dearborn Community Foundation office **no later than 12:00 noon Monday, October 25, 2010.**

Up to \$5,000 in scholarships available

NOTE:

Students may apply for the scholarship in consecutive years, if he/she continues to meet all eligibility criteria.

**Deliver completed application by due date and time to:
Dearborn Community Foundation, Inc.
322 Walnut Street
Lawrenceburg, IN 47025
Contact Program Director
at 812/539-4115 with questions.**



**CLIFFORD AND GLADYS ELLERBROOK ENDER
NURSING SCHOLARSHIP APPLICATION**

*Completed applications must be received in the DCF office
no later than noon, Monday, October 25, 2010.*

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Last 4 digits of SS#: _____

Current College/University: _____

High School Attended: _____

Year in which High School Diploma Received: _____

Agreement/Authorization

I, _____, affirm that the information contained within this application is true, and agree that:

- I am a resident of Dearborn County.
- If I receive this scholarship, it is my intent to pursue undergraduate study in a nursing program with an accredited educational institution.
- If I receive this scholarship, it is my intent to practice nursing in Dearborn or Ohio counties, Indiana, following relevant education and training.
- As a condition to the Foundation's award of a scholarship and in consideration to the Foundation for a scholarship, if awarded to me, I agree to and affirm the following:
 1. Until my graduation from an accredited nursing program, I shall not engage in conduct, which would constitute a criminal offense if charged.
 2. Until my graduation from an accredited nursing program, I shall maintain a drug-free lifestyle, to include tobacco and the illegal use of alcohol.
 3. Until my graduation from an accredited nursing program, I shall attain and/or remain in academic good standing while receiving scholarship funds from the Foundation.

I authorize _____ College/University to release financial information to the Dearborn Community Foundation, Inc. to assist the scholarship committee in making their scholarship decisions. Please note that any financial information received will be handled confidentially by staff.

Student Signature

Date

I. WORK HISTORY & VOLUNTEER ACTIVITIES

In the space provided below, please legibly write or type work history and/or school activities during the last four years. **Please include any work completed during the last four years that relates to nursing, healthcare, and care giving to sick, injured, or elderly persons.** Also include any noteworthy achievements, awards or recognition relevant to nursing. List **paid and non-paid** work experience (including self-employment)

- **If you are listing a parent and/or other family member/relative under "Employer", please list only the title of family the member (i.e. Mother, Father, Aunt, Grandparent, etc.) to maintain student anonymity and scoring objectivity.**

WORK HISTORY (*within the last 4 years*)

| | | | | |
|--|----------------|-----------|-----------|--|
| Employer | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates Employed | #Hrs/week | #Wks/year | |
| Employer | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates Employed | #Hrs/week | #Wks/year | |
| Employer | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates Employed | #Hrs/week | #Wks/year | |
| Employer | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates Employed | #Hrs/week | #Wks/year | |
| Employer | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates Employed | #Hrs/week | #Wks/year | |

VOLUNTEER ACTIVITIES (*within the last 4 years*)

| | | | | |
|--|------------------|-----------|-----------|--|
| Organization | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates of Service | #Hrs/week | #Wks/year | |
| | | | | |
| Organization | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates of Service | #Hrs/week | #Wks/year | |
| | | | | |
| Organization | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates of Service | #Hrs/week | #Wks/year | |
| | | | | |
| Organization | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates of Service | #Hrs/week | #Wks/year | |
| | | | | |
| Organization | Address | | | |
| Nature of Work (Include Supervisory Positions) | Dates of Service | #Hrs/week | #Wks/year | |
| | | | | |

I verify that the working and/or volunteer hours and dates listed above are accurate.

- **If a parent and/or other family member/relative is signing as your current or most recent employer and/or volunteer supervisor, please have him/her sign only his/her family title (i.e. Mother, Father, Aunt, Grandparent, etc.) to maintain student anonymity and scoring objectivity.**

Signature of Current or Most Recent Employer

Title _____ Date _____

Signature of Current or Most Recent Volunteer Supervisor

Title _____ Date _____

II. TUITION EXPENSES

Please note that all financial information received will remain confidential.

Please fill in the appropriate dollar amounts below and include a copy of your tuition bill and any/all other support material that will substantiate the listed figures:

| Expense Item | Amount |
|---|---|
| Tuition | \$ |
| Room & Board (if applicable) | \$ |
| Required fees and equipment | \$ |
| Anticipated Book Expenses | \$ |
| The above figures represent expenses for (please check one) | <input type="checkbox"/> Semester <input type="checkbox"/> Year |
| TOTAL EXPENSES | \$ |

III. FINANCIAL AID (To be completed by financial aid office)

Expected family contribution (EFC) from the Student Aid Report (SAR) of the FAFSA form: \$ _____

| Financial Aid | Amount |
|--|--------|
| Scholarships | \$ |
| Grants | \$ |
| Loans <input type="checkbox"/> subsidized <input type="checkbox"/> unsubsidized | \$ |
| Other (please list) | \$ |
| | \$ |
| TOTAL FINANCIAL AID | \$ |

Financial Aid Representative Signature/Title

Date

Student Signature

Date

Parent/Guardian Signature (if applicable)

Date

IV. PROGRAM INFORMATION

The degree I am pursuing is a (*please check one*):

- 2-year program 4-year program

I am currently in my (*please check one*):

- 1st year of study 2nd year of study
 3rd year of study 4th year of study

V. ESSAY

In 500 words or less, please type your response on a separate sheet of paper, double-spaced with one-inch margins. **Please identify yourself only by the last 4 digits of your social security number in the upper right hand corner of the page.**

- Describe how you became interested in the field of nursing and how you feel your attributes and qualities as an individual will serve you in the field of nursing. Additionally be sure to address how important this scholarship is to you and how it will help you accomplish your goals; and if not awarded how you will meet the expenses associated with pursuing a nursing degree.

VI. TRANSCRIPT

For applicants graduating from high school please attach:

- A cumulative high school transcript

For applicants currently enrolled in post-secondary education please attach

- A cumulative high school transcript and
- A cumulative college transcript