

Walter A. Schultz Memorial

Registered Nurse Scholarship Program

Sponsored by 40 et 8, Voiture 99, Clark County



APPLICATION DEADLINE - CONTINUOUS

Eligibility

- Students must be enrolled in the RN program at Clark College.
(Note: Students who are working on prerequisites for the program are not eligible.)
- Students must have a minimum GPA of 2.5 and maintain Satisfactory Academic Progress.

Basis of Selection:

- The student must meet all eligibility requirements listed above.
- Students must provide appropriate information regarding individual financial need. Confirmation of submitted information may be required through the Financial Aid Office.
- A one to two page **typed** response to educational and career goals must clearly answer question 19, A and B on the application.

Mechanics of Award:

All applicants will be notified, whether or not they receive the award, via their Clark student email. Be sure to provide your Clark student email in your application, as it will be our most common form of communication. Applicants who are selected as recipients of the Walter A. Schultz Memorial Scholarship must accept his/her award by turning in a **Thank you letter** to the Clark College Scholarship Office located at 1933 Fort Vancouver Way Vancouver, WA 98663. (Please note that the scholarship office will determine a deadline for the award to be accepted). The recipients will continue to receive the award each quarter as long as they are attending the Clark College RN Program, and maintain Satisfactory Academic Progress as defined by the Financial Aid Guidelines. Lastly, before graduating from the RN program, award recipients must submit a final letter explaining what benefits the scholarship award provided for them.



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Place photo here (Optional)

Application

Application must be typed or printed legibly.

Personal Information

1. Full Legal Name _____
Last First Middle Initial
2. Clark ID 940- _____
3. Permanent Mailing Address _____
City State Zip
4. Male Female
5. Clark Student Emails _____
6. Birthdate ____ / ____ / ____
7. Phone Number _____ 8. Cell Number _____
9. U.S. Citizen
10. Are you a veteran or related to a veteran? YES NO
 If yes, describe your relation: _____

Financial Information

11. Income you earned last year (include summer) _____
12. Savings _____
13. Total family income based on Federal Income Tax filed previous year: _____
14. Number of people living in your home: _____
15. How many dependants are living with you? _____

Educational Information

16. Cumulative GPA: _____
17. All quarters you plan to attend the Clark College Nursing Program:

18. Anticipated Clark College Nursing Program completion date:
 (pinning ceremony date)

Quarter: _____ Year: _____

	Quarter	Year
Example	Fall	2010
2nd Quarter		
3rd Quarter		
4th Quarter		
5th Quarter		
6th Quarter		

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Educational and Career Goals

19. Please attach a one or two page **TYPED** response to the following:

- A.** Explain your educational goals and what qualifications, skills, and talents you feel you have for this field. Relate your accomplishments to your educational goals.
- B.** **Explain how you plan to finance your education.** Please include in this statement all resources, such as Financial Aid, parental assistance, income from work, etc. Also explain how you plan to finance your education if you do not receive scholarship funding.

Certification

I certify that the information contained in this application packet is correct. I agree to abide by the decisions of the Scholarship Committee and understand that the decisions of the Committee will be final and not open to contest. If awarded a scholarship for the Clark College Nursing Program, I understand that the scholarship funding is for use at Clark College. The Scholarship Committee has my authorization to forward my application on for further consideration and that if selected, my contact information can be released to the donors of any scholarships I receive. I authorize the Clark College Financial Aid Office to release my Clark College transcript to 40 et 8, Voiture 99 of Clark County. I agree that if selected as a scholarship recipient, my name can be used in newspaper and web advertising.

Applicant's Signature _____ Date _____