Dear Scholarship Applicant:

The Roberta Smith Nursing Scholarship will be awarded by the Washington State Council of Epsilon Sigma Alpha International Sorority to an individual college student enrolled in a certified/accredited registered nursing program or post graduate program in nursing meeting the following requirements:

1. The applicant shall be a student attending an accredited school of nursing for Registered Nurses in the State of Washington or post graduate program.
2. The applicant shall be a Washington State resident.
3. The applicant shall be at least a second year student of an accredited nursing program for Registered Nurses.
4. The applicant shall be planning to graduate from an accredited program leading to an Associate of Arts or Baccalaureate degree in nursing.
5. The applicant shall be in need of financial assistance….please be specific.
6. The scholarship of $500.00 shall be awarded without regard to race, religion or national origin.

Selection will be made annually in March and the scholarship awarded with verification of fall registration for at least the minimum amount of credits needed to comply with full time status. The criteria for this scholarship are based on your personal goals, achievements and needs.

The application packet must be postmarked by February 15 annually and must include the following:

1. Signed and completed application form.
2. A sealed copy of your transcript.
3. Three (3) signed and sealed letters of recommendation from individuals familiar with your abilities and potential for success. At least one letter must be from a teacher or professor.
4. Please submit a typed narrative of 200 words or less on:
   - What prompted you to enter the registered nursing field or to further your nursing education?
5. Proof of residency in the State of Washington

Please mail your completed packet to:
Jean Merrill, Scholarship Chairman
3732 S Tekoa
Spokane WA 99203
509 747-2840

(3/14)
Full Name of Applicant: __________________________________________________________

Mailing Address (city/state/zip):
____________________________________________________________________________

Telephone Number _______ Student ID #: _________ Year of Birth _________

Marital Status ______ No. of children ______ No of children at home _______

Employer: ____________________________________________________________________

High School: __________________________________________________________________

Location (City/State): __________________________________________________________

Diploma/GED/Year: ______________

Accredited School(s) of Higher Learning Previously Attended:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

School Location (City/State) Dates Attended

College GPA: ______

Name of accredited school of nursing for registered nurses to which you have applied and enrolled:
____________________________________________________________________________
____________________________________________________________________________

School Location (City/State) Expected date of Graduation

Do you now or will you be receiving financial aid? Yes _____ No _____

Type: __________________________________________________________________ Amount: ______________

What are your areas of financial need? (i.e., tuition, books, transportation, and childcare):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you applied for or received other scholarships? Yes _____ No _____________

If yes, date(s) and from whom, including the length of time of the scholarship:
____________________________________________________________________________

If yes, the amount of the scholarship you received:
____________________________________________________________________________

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Honors, Awards, Offices held:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Community interests and activities in which you participate:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

__________________________  ____________________________
Date of Application        Signature of Applicant

Your application packet must include:

1. Completed application form.
2. Sealed copy of your most recent transcript (ORIGINAL, Official Transcript with school stamp, school officials’ signature or embossed stamp).
3. Three (3) signed letters of recommendation from individuals familiar with your abilities and potential for success. At least one letter must be from a teacher or professor.
4. A typed narrative of 200 words or less on:
   What prompted you to enter the registered nursing field or to further your nursing education
5. Proof of Washington State residency. Acceptable proof is a copy of your valid Washington State driver’s license. If no driver’s license, a copy of your residence’s power bill that includes your name on it. If living with your parents, a copy of their power bill that includes the name/address and a signature of parent(s) stating that you are living at that residence.

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