

Robert K. Knight Memorial

Registered Nurse Scholarship Program

Sponsored by 40 et 8, Voiture 99, Clark County

APPLICATION DEADLINE - CONTINUOUS

Eligibility

- Students must be enrolled in the Nursing 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.
- Two letters of recommendation are required.

Completed applications must be returned to the Clark College Scholarship Office in Gaiser Hall.

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.

The recipients must maintain Satisfactory Academic Progress as defined by the Financial Aid Guidelines.

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Application

Application must be typed or printed legibly.

Personal Information

1. Full Legal Name _____
Last First Middle Initial
2. CTCLink ID _____
3. Permanent Mailing Address _____
City State Zip
4. Male Female
5. Clark Student Email: _____
6. Birthdate ____/____/____
7. Email Address _____
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 dependents are living with you? _____

Educational Information

16. Cumulative GPA: _____
17. Nursing Program Enrollment:
- | | Term | Year |
|----------------------|------|------|
| Example | Fall | 2019 |
| 1 st Term | | |
| 2 nd Term | | |
| 3 rd Term | | |
| 4 th Term | | |
| 5 th Term | | |
| 6 th Term | | |
18. Anticipated Clark College Nursing Program completion date: (Pinning ceremony date)
Term: _____ Year: _____

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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.
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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 _____