Washington State Council of Epsilon Sigma Alpha International Service Organization
Roberta Smith Nursing Scholarship

Fall 2020

The Washington State Council of Epsilon Sigma Alpha International Service Organization is sponsoring the Roberta Smith Nursing Scholarship in the amount of $1,000.00 that will be awarded annually to a student actively enrolled in an accredited or certified school of nursing in a registered nursing program or post graduate program in the field of nursing.

This scholarship will be limited to schools and students who are residents of the State of Washington.

Enclosed is our application form and a letter of instruction to the applicant(s). We ask you make copies of these and make them available to interested students. If you are interested in posting the letter and application form on your scholarship website, please e-mail me at: bimerrill@amerion.com and I will e-mail these two documents back to you.

The judging criteria are based on the following:

10 pts on character, 20 pts on leadership, 10 points on service, 30 points on financial need and 30 points on scholastic ability.

The completed application packet must be postmarked by February 15 and submitted to: Jean Merrill, Scholarship Chairman
3732 S Tekoa
Spokane WA 99203 509 747-2840
bimerrill@amerion.com

Our committee of judges consists of three members within the state. The final selection will be made annually in March and the presentation of the scholarship made upon completion of the judging.

We extend our appreciation and thank you for participating in this scholarship. If you have any questions, please do not hesitate to contact one of us.

Sincerely,
Jean Merrill, Chairman

(5/20)
Dear Scholarship Applicant:

The Roberta Smith Nursing Scholarship will be awarded by the Washington State Council of Epsilon Sigma Alpha International Service Organization 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 $1,000.00 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

(7/20)
"ROBERTA SMITH NURSING SCHOLARSHIP"
APPLICATION FORM

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.