

# EDNA AND MILDRED MONK MEMORIAL NURSING SCHOLARSHIP 2017

---

This \$1,000 scholarship is for the first school year's tuition, room and board, books and lab fees for a student pursuing a career in the field of nursing. A scholarship installment of \$500 will be mailed directly to the recipient's school of choice at the beginning of each semester. Scholarship is for one year only and nonrenewable.

Applications and other required materials must be submitted unfolded in a 9 x 12 envelope no later than Friday, March 31st. Omission of any of the required materials may eliminate your application from consideration. None of the submitted information will be returned to applicants. Send copies, not originals. Mail to:

Edna and Mildred Monk Memorial Nursing Scholarship  
c/o King's Daughters Health Foundation  
2201 Lexington Ave.  
Ashland, KY 41101

You may make additional copies of this form.

## **ELIGIBILITY REQUIREMENTS:**

### **PREREQUISITE**

Applicant must be a direct child dependent of a full-time King's Daughters Team Member in good standing at the time of application and award.

### **HIGH SCHOOL ENROLLMENT**

Applicant must be a high school senior.

### **EDUCATIONAL/CAREER GOALS**

Applicant must be planning to enroll at an educational provider in Kentucky, Ohio or West Virginia, with the intent to pursue an education in the field of nursing.

### **SCHOLASTIC CRITERIA**

Applicant must meet the following standards:

- Maintained at least a 2.50 grade point average in high school based on the 4.0 system or successfully completed the G.E.D.
- Scored 15 or better on the ACT
- Scored 700 or better on the SAT

### **FINANCIAL NEED**

Applicant must demonstrate need of financial assistance to meet educational expenses.

## **APPLICATION REQUIREMENTS:**

**THE FOLLOWING ITEMS MUST BE SUBMITTED UNFOLDED  
IN A 9 X 12 ENVELOPE BY FRIDAY, MARCH 31ST.**

- **COMPLETED APPLICATION FORM**

- **TYPED LETTER OF APPLICATION**

Describe the applicant's situation, need for financial assistance, educational and career goals.  
Do not exceed 300 words.

- **TRANSCRIPT WITH ACT OR SAT SCORE**

Provide an official or signed copy of most recent transcript(s) or G.E.D. certificate.

- **LETTERS OF RECOMMENDATION**

Include three (3) written recommendations from applicant's instructors, employers, community leaders and/or clergy who are not related to the applicant and are in a position to comment on the applicant's abilities, character, personality and commitment to healthcare.

## **SELECTION CRITERIA:**

King's Daughters Health Foundation shall use the following criteria in making scholarship awards:

- Personal letter of application
- Letters of recommendation
- Extracurricular and community service activities
- Financial need
- Academic achievement

Please note that all information will be part of the scoring criteria and should be prepared carefully, containing as many pertinent details as possible. Finalists will be chosen through scoring of the application. The scholarship committee has the right to request finalists participate in a personal interview, if the committee determines necessary.

*King's Daughters Health Foundation is a vital part of the Medical Center's ability to provide the best possible care and services. It is through the foundation's fundraising efforts that KDMC continues to make our communities a better and healthier place to work and live.*

# APPLICATION FOR EDNA AND MILDRED MONK MEMORIAL NURSING SCHOLARSHIP

(Scholarship is for the first year's tuition, room and board, books and lab fees. Please print or type all information.)

## PERSONAL DATA

Name \_\_\_\_\_ Highest ACT/SAT score \_\_\_\_\_

Home address \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_

## EDUCATION AND EMPLOYMENT

High school \_\_\_\_\_

GPA (min. 2.5) \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Recent or current employment experience \_\_\_\_\_

Volunteer experience \_\_\_\_\_

Extracurricular and community services activities \_\_\_\_\_

Parent(s) name and department at King's Daughters \_\_\_\_\_

## FAMILY & FINANCIAL STATUS Check appropriate box and complete information.

<u>I am</u>	<input type="checkbox"/> Single, living at home	Ages of other dependents in family _____	Current annual gross income parents _____ yours _____
	<input type="checkbox"/> Single, living on my own	Ages of dependent(s) (minor children) _____	Your current annual gross income _____
	<input type="checkbox"/> Married	Ages of dependent(s) (minor children) _____	Combined annual gross income _____

**OTHER ASSISTANCE**

List all other scholarships, grants, educational or personal loans, tuition waivers, or other financial assistance requested (you may provide as an attachment). Please specify type and amounts.

	APPROVED	STATUS PENDING	REJECTED
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand this application. To the best of my knowledge, the information contained herein is true and complete. The Health Foundation Scholarship Committee has my permission to contact the school, persons or organizations and employers named in this application or such other sources as the Scholarship Committee may deem necessary for consideration of an award to me.

I understand any information contained herein discovered to be false or deliberately misleading will result in the removal of this application for consideration.

If I am granted a scholarship, I authorize the university/college I attend to release my grades each term to the Health Foundation Scholarship Committee for the purpose of ascertaining my eligibility to receive the second scholarship installment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian if applicant is a dependent*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Applicant*