



Sister Mary Jean Ryan, Lincoln University Nursing Scholarship Application

Application Deadline - 4:30 p.m., March 1st

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Maiden Name/Other Names Used:		SSN#:	
Address:		Telephone (home): ()	
City:	State:	Zip:	County:
E-mail:		Telephone (cell): ()	
How long have you lived at your address?			
Are you eligible to work in Missouri two years following graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about the Sister Mary Jean Ryan, Lincoln University Nursing Scholarship?			
PROGRAM TYPE			
Indicate the program in which you are enrolled.			
<input type="checkbox"/> Associate of Applied Science in Nursing (AAS)			
<input type="checkbox"/> Bachelors of Science in Nursing (BSN)			
** PLEASE SUBMIT AN ORIGINAL TRANSCRIPT WITH THIS APPLICATION FOR EACH ** PRIOR ACADEMIC INSTITUTION ATTENDED. IF YOU HAVE A GED, INCLUDE THE ORIGINAL TRANSCRIPT WITH SIGNATURE.			
Circle the highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4			
High School Attended and Location:			Graduation Date:
Technical/Vocational School Attended and Location:		Dates Attended:	Degree Earned:
College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:
College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:

All information is confidential and for programmatic purposes only.

**** IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET. ****

ENROLLMENT VERIFICATION

Please verify current enrollment in a nursing class in the Lincoln University Department of Nursing Science.

Address:

Contact Person:

Title of Contact Person:

Telephone:

()

Current Year in the Program:

Academic Year:

Program Start Date:

Cost per semester?

APPLICANT MUST SHOW EVIDENCE OF ACCEPTANCE INTO THE LINCOLN UNIVERSITY DEPARTMENT OF NURSING SCIENCE AND SHOW PROOF OF ENROLLMENT IN A NURSING CLASS.

EMPLOYMENT

Are you currently employed?

Yes No

Start Date:

Do you plan to remain with this employer?

Yes No

If yes, name and address of employer:

May we contact you at work?

Yes No

Work Phone: ()

PERSONAL STATEMENT

On a separate sheet, submit a personal statement describing your commitment to the profession of nursing in your community. This statement is not to exceed one single-spaced typewritten page. **Please also attach a listing of extracurricular, community, volunteer or health care activities you have been involved with.** *(It is important for the selection committee to have this information from all applicants.)*

NOMINATION FORM

The Nomination Form should be filled out by a member of the Lincoln University Department of Nursing Science faculty and attached to this application. *(This is very important and your application will not be considered without it.)*

APPLICATIONS MUST BE RECEIVED BY 4:30 P.M. CDT, March 1st.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. QUESTIONS REGARDING THE APPLICATION AND SELECTION PROCESS SHOULD BE DIRECTED TO ST. MARY'S FOUNDATION AT 573-681-3742 or email at Anne_Rost@ssmhc.com.

I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all funds will be used for educational-related expenses in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past, am currently enrolled or may be enrolled as a student in the future, to the St. Mary's Foundation Scholarship Committee.

Signature of Applicant:

Date:

NOTE: *The Sister Mary Jean Ryan, Lincoln University Nursing Scholarship program is a competitive process, and all eligible applications will be evaluated. Only one scholarship will be awarded each year. The Sister Mary Jean Ryan, Lincoln University Nursing Scholarship application must be completed in its entirety and the nomination form attached for the applicant to be eligible for consideration. Completed application should be sent to:*

*Anne Rost
St. Mary's Hospital Foundation
2505 Mission Drive, Jefferson City, MO 65109*

All information is confidential and for programmatic purposes only.