

Lucretia H. Richter Nursing Scholarship Committee, Inc.

P.O. Box 93220
Rochester, New York 14692
(585) 234-3824

Lucretia H. Richter Nursing Scholarship Application

Instructions: All parts of the application (pages 1-3) and faculty recommendation are to be completed prior to February 15, 2008. The Scholarship Committee may ask for additional information. Please mail your application to the Scholarship Committee at the above address. All information will be kept confidential and the decisions of the Committee will be final. Winners will be notified by mid-April.

Section I – Applicant Information

Name _____
Last First Middle

Home Address _____ () _____
Address City State Zip Phone

Present Address _____ () _____
Address City State Zip Phone

Email address _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

If Married:

Spouse's Name _____ Occupation _____

Child _____ Age _____ Living at Home Yes ___ No ___

Child _____ Age _____ Living at Home Yes ___ No ___

Child _____ Age _____ Living at Home Yes ___ No ___

Child _____ Age _____ Living at Home Yes ___ No ___

Child _____ Age _____ Living at Home Yes ___ No ___

SECTION II– Educational Information

High School _____ Graduation Date _____

Nursing School _____ Expected Graduation Date _____

Type of Program ___ Diploma ___ Associate ___ Bachelor ___ Graduate

Briefly describe your professional career goals and the experiences which influenced your objectives
(Please type your comments.):

SECTION III – FINANCIAL INFORMATION (required)

1. Please submit a copy of entire Free Application for Federal Student Aid for July 1, 2007--May 31, 2008 school year (this form is available at your school financial office).
2. Currently Employed ___ Yes ___ No

Company Name _____ Position _____

Total earnings for 2007: _____

Total amount of TAP and PELL grants awarded to date: _____

Total amount of student loans and educational debts to date: _____

Total amount of scholarships and other awards to date: _____

Total amount of non-educational debt (e.g. credit cards, automobile, etc.): _____

You may also briefly state the circumstances which have prompted you to apply for financial assistance:

I certify that the above information is true and correct to best of my knowledge.

Applicant's Signature _____ Date _____

LUCRETIA H. RICHTER NURSING SCHOLARSHIP
CLINICAL INSTRUCTOR AND NURSING FACULTY MEMBER
RECOMMENDATION FORMS (TWO REQUIRED)

The requirements established by the Board of Directors of the Scholarship Committee are:

1. Enrollment in a school of professional nursing (diploma, associate, bachelor, or graduate program) in the Western New York area.
2. Commitment to the profession of nursing.
3. Completion of the Free Application for Federal Student Aid Form.
4. Proof of satisfactory academic standing for a minimum of one semester of clinical nursing courses.
5. Evidence of applicant's ability to carry out nursing process.
6. Letters of recommendation from Clinical Instructor **and** full-time Nursing Faculty member in a sealed envelope.
7. The scholarship application, the Free Application for Federal Student Aid form and the faculty recommendation must be submitted in one envelope by the student.

PLEASE MAIL TO:

Lucretia H. Richter Nursing Scholarship Committee, Inc.
P.O. Box 93220
Rochester, New York 14692
By February 15, 2008

Recommendation for:

Student Name:

Recommended by:

Signature _____ Title _____

Date _____ Nursing School and Phone Number _____

This recommendation must come from a Clinical Instructor or a full-time Nursing Faculty member of the Nursing School where the applicant is enrolled and should include:

- 8. The applicant's grade point average**
- 9. Potential for success in nursing and**
- 10. A comment on financial need**

Other information about the applicant's motivation, integrity, initiative, capacity for growth, special talents and enthusiasm will help distinguish your applicant from the dozens who apply.
Please attach your typed comments.