

Lucretia H. Richter Nursing Scholarship Committee, Inc.
P.O. Box 93220
Rochester, New York 14692
info@www.richternursingscholarship.org

Lucretia H. Richter Nursing Scholarship Application

Instructions: All parts of the application and the faculty recommendation must be submitted prior to February 1, 2010. 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 April 1.

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

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

Section I – Applicant Information

Date _____

Name _____
Last First Middle

Home Address _____
Address City State Zip

Phone _____

Present Address _____
Address City State Zip

Phone _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Applicant's E-mail Address: _____

Additional Family Information:

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 Year _____

Post-Secondary Education _____ Year _____

Current Nursing School _____ Expected Graduation Date _____

Nursing School Contact Phone Number _____

Type of Program: Associate ___ Bachelor ___ Graduate ___

Briefly describe your professional career goals and the experiences that influenced your decision to pursue nursing. (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, 2009--May 31, 2010 school year (this form is available at your school financial office).
2. Currently Employed Yes _____ No _____

Company Name _____ Position _____

Total earnings for 2009: \$ _____

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

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

Employer tuition benefit: \$ _____

Total amount of scholarships and other awards to date: \$ _____

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

You may also briefly state the circumstances that have prompted you to apply for financial assistance. Please type your comments here or attach a separate sheet.

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

Applicant's Signature _____ Date _____

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

When completed, please return in a sealed envelope to your student for inclusion in her/his application packet.

Recommendation for: _____
Student Name (Please print)

Recommended by: _____
Faculty Instructor (Please print)

Instructor Signature: _____

Instructor Title: _____

Date: _____ Nursing School and Phone Number: _____

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

- 1. The applicant's grade point average**
- 2. Potential for success in nursing and**
- 3. 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.

Thank you.

The Scholarship Committee