

2020-21  
ROTARY CLUB OF THE  
UNIVERSITYAREA (RCUA) NURSING  
SCHOLARSHIP APPLICATION

Nursing scholarships are awarded annually to full-time students at accredited nursing schools in the Texas Medical Center based on financial need, scholarship and dedication to the nursing profession. Two \$1,000 scholarships are awarded to each selected student, based on completion of volunteer work with the RCUA each semester. Candidates must be enrolled in a program leading to a nursing degree and must be accepted into a nursing program. Students who are enrolled in advanced nursing education are not eligible for these scholarships. Relatives and friends of Rotarians will not be given preferential consideration and relatives of RCUA are not eligible.

Important Dates:

1. Application open from May 1, 2020 - July 24, 2020: Follow instructions at the bottom of the application, incomplete applications will not be considered.
2. Committee evaluation period - July 27 - August 28, 2020
3. Award Notifications - Week of September 1, 2020
4. First \$1000 distributed - Early September at a club meeting: - Must present current university/college enrollment document to collect check.
5. You must complete 2 community service volunteer opportunities with RCUA to receive your second semester check in early January.

**Please Print or Type Clearly, if we cannot read your application your application cannot be considered. Use additional pages for your responses if need. Thank you**

Full Name:

Gender:

Nursing School

Classification Fall 2020

Expected Graduation Date

Full Present Address

Zip code

Do you live with others, describe

Home/Cell Phone

Work Ph.

e-mail

Full Permanent Address

Zip code

Describe (Example: parent's home, etc.)

Home/Cell Phone

Date of Birth

Age

Place of Birth

U.S. Citizen?

If no, give visa status

**Family History: Please give name, age, and, if applicable, occupation, state of health, education level, etc.**

Father

Mother

Sibling's

Spouse (if single parent, please note here)

Children

**Education History**

**Please list education: include High school name, location, graduation date, and if applicable, extracurricular activities, honors, awards, grade point average, class size/rank, credit hours completed, major, type of degree, etc.**

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Do you have a degree in another field?

If yes, what

High School

College

Graduate/Professional

**Employment History:**

Please list past to present jobs giving dates, business name and location, position, wage/annual income, etc.

Please indicate reasons for time gaps in your education and employment histories, or if there are any other activities, especially medically related activities.

**Financial Information:**

Please state occupation, annual income, etc. for any person providing any kind of financial or living assistance.

Father

Mother

Spouse

Guardian/Other

**Please list: Scholarships, grants, etc., you have received:**

Past Year

Future years

**Please estimate the amount of funds available to you for the year in which this scholarship is requested.**

Parents \$      Savings \$      your Income \$      Spouse \$      Scholarships \$      Other \$

Do you/spouse own a home?

If Yes, Unpaid Mortgage's

If no, what is your portion of monthly rent?

Do you/spouse own any automobiles?

1 Make

Model

Year

Unpaid Loan Balance

2 Make

Model

Year

Unpaid Loan Balance

**Are there any unusual circumstances that affect your, your spouse's, or your parents' ability to meet the cost of your education?**

**Describe participation & volunteer activity: Community, Church, School**

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**Please state briefly why you want this scholarship and your special story.**

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**Upon graduation from nursing school, what are your career goals?**

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**Where is your ideal work location? Please describe specialty and geographic area.**

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**Are you willing to provide an update on your education progress annually to the Rotary Club University Area?**

**Are you able to participate in 2 Rotary club service projects per year?**

NOTE: Your second payment is based on completion of your volunteer activities.

Must be included with this application:

- A) 1 Original transcript of all college level work, including nursing schools.
- B) 1 original letter of recommendation, from someone other than a relative (unopened).
- C) 1 original letter of recommendation from an instructor or senior administrator at your current nursing school (unopened)
- D) Please feel free to include anything that might be of help to the Scholarship Committee in making its decision.
- E) In order to be considered, please send completed application with all required documents and mail it to address below.

**NOTE:** Incomplete application will not be accepted.

By completing this scholarship application form, I hereby authorize my present school to release my scholastic and financial information to members of the Rotary Club of the University Area Scholarship Committee with the understanding that such information will be held in strict confidence. Furthermore, I hereby acknowledge that the above information is true and correct.

Complete and mail before **July 24, 2020** to:

Scholarship Committee  
Chairman Rotary Club of the  
University Area  
P. O. Box 980834, Houston, Texas 77098.

Signature

Date

For additional information and clarification,  
please send an email to: [cherylbressler@msn.com](mailto:cherylbressler@msn.com)