



Massillon Rotary Foundation

Nursing Scholarship Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____

Application Information

1. Are you enrolled or accepted for enrollment in a nursing program accredited by the National League of Nursing?

YES NO

2. Are you:

➤ An Undergraduate student enrolled in a diploma, associate degree, or baccalaureate degree program leading to a diploma, associate degree, or baccalaureate degree in nursing, preparing for licensure as a registered nurse?

YES NO

- During the period of the grants, undergraduate candidates must be enrolled in at least nine (9) semester hours per term or the equivalent (2/3 full load).

➤ A Graduate student and registered nurse, preparing to continue practicing in the field of nursing and continuing your formal education in nursing in a NLN accredited program offering baccalaureate, masters or doctoral degree in nursing or a doctoral program in a nursing-related discipline?

YES NO

- You must have received formal notification of acceptance into the MSN or nursing doctorate program or a doctoral program in a nursing related discipline (as viewed by the Selection Committee).
- During the period of the grants, graduate candidates must be enrolled in at least six (6) credit hours per term.

3. Please list examples of your leadership attainment below.

Supplemental Documents

The applicant must submit the following documentation with their application for consideration:

- ✓ Evidence of outstanding academic ability (certified current and/or previous official transcripts)
- ✓ Evidence of acceptance into a basic or graduate program in nursing
- ✓ Official transcript or grade reports for courses in progress as soon as available
- ✓ Personal financial statement or other evidence of financial need (form attached)

All applications, together with all necessary supplemental documents, must be received no later than April 15th annually. Application guidelines are available at www.massillonrotary.org.

PERSONAL FINANCIAL STATEMENT

Name			
Address			
City, State, Zip			
Date of Birth		Home Phone	
Employer			
Address			
City, State, Zip			
Business Phone		Job Title	

ASSETS

LIABILITIES

Cash on Hand		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others (Section 5)	
Retirement Accounts		Loan on Life Insurance	
Stocks and Bonds (Section 1)		Mortgage or Liens on Real Estate (Section 2)	
Real Estate (Section 2)		Tax liabilities	
Personal Property		Other Liabilities (Section 6)	
Investment in Business (Section 3)			
Cash Value Life Insurance (Section 4)		Total Liabilities	
Total Assets		Net Worth	

ANNUAL SOURCES of INCOME & EXPENSES

Salary		Mortgage Expense	
Investment Income		Rent Expense	
Real Estate Income		Real Estate Tax	
Social Security Income		Auto Loan	
Other (describe below)*			
Description of Other Income :			

*Alimony or child support payments need not be disclosed in "Other"

OTHER INFORMATION

Are you an endorser or co-maker on any Notes?	
Are you a defendant in any legal action?	
Have you ever filed Bankruptcy?	
If yes to any of the above, please explain:	

Section 1. Stocks and Bonds (Use attachments if necessary)

Stock, Bond, Mutual Fund Name	Market Value/Share	# of Shares		Total Value
			Total	

Section 2. Real Estate Owned

Address	Mortgage or Lien	Monthly Payment	Market Value
		Total	

Section 3. Investments in Business Ventures

Business Name	Position/Title	% Ownership	Business Net Worth	Current Market Value
			Total	

Section 4. Cash Value of Life Insurance

Life Insurance Company	Policy Owner	Face Amount	Cash Value	Loans	Beneficiary/Relationship
			Total		

Section 5. Notes Payable to Banks and Others (including Student Loans)

Lender	Origination Date	Note Balance	Monthly Payment	Term
		Total		

Section 6. Other Liabilities (Please describe in detail)

I certify the above and any statements contained in the attachments hereto are true and accurate.

Signature

Date