

**SERVICE LEAGUE
SCHOLARSHIP FOR
GRADUATE EDUCATION
IN NURSING
(DEADLINE MARCH 1ST)**



The goal of the Cleveland Clinic Akron General Service League Nursing Scholarship is to provide financial assistance for students regardless of race, religion, sex, age, disability or national origin who are accepted by an accredited college of nursing. The Cleveland Clinic Akron General Development Foundation through endowments funded by the Cleveland Clinic Akron General Service League and other benefactors will provide scholarships. The scholarships are awarded based on candidate's scholarship and financial need.

ELIGIBILITY

- Candidates must be accepted by an accredited Graduate Nursing Program.
- Candidates must maintain a grade point average of 3.0 or more as submitted by university.
- Applications will be available in January of each year. Candidates may pick them up in the Volunteer Services department, print off the intranet, or have one mailed to them.
- The deadline for the scholarship is March 1st.
- Scholarships are awarded in April of each year and finalists must interview in person. Recipients are invited to attend the May Service League Luncheon meeting.

For further information, please contact the Volunteer department at (330) 344-6541.

**CLEVELAND CLINIC AKRON GENERAL
SERVICE LEAGUE APPLICATION FOR
GRADUATE EDUCATION IN NURSING SCHOLARSHIP**

Name _____ Date _____

Address _____ City _____

Zip _____ Telephone _____ Social Security _____

U.S. Citizen _____ or Permanent Resident _____

Are there other family member's currently attending college? Yes _____ No _____

If yes, how many? _____

Are you receiving any other scholarship or financial support? _____

If yes, please indicate the type and amount:

_____ \$ _____

_____ \$ _____

Have you been accepted or are you currently enrolled in an accredited Graduate Nursing Program in Ohio? Yes _____ No _____

School you are currently attending or plan to attend: _____

Letters of reference (Reference must be specific to scholarship, i.e. employer/faculty, and not a relative of applicant)

1. Name _____ Occupation _____

Address _____ Telephone _____

2. Name _____ Occupation _____

Address _____ Telephone _____

3. Name _____ Occupation _____

Address _____ Telephone _____

List Educational Experiences to Date:

	High School/College	Dates Attended	Graduation Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

List Professional Activities (use separate sheet if necessary):

**Please submit the following items to: Volunteer Service Department
Service League Nursing Scholarship Committee
Cleveland Clinic Akron General
1 Akron General Avenue
Akron, Ohio 44307**

- Scholarship Application
- One paragraph written by applicant explaining why you are interested in this field
- Three letters of reference
- Certified Transcript or letter from university stating grade point average
- Final candidates will be required to personally interview on designated date

***DEADLINE FOR APPLICATIONS IS MARCH 1st
APPLICATIONS RECEIVED AFTER MARCH 1st WILL NOT BE CONSIDERED***