## SERVICE LEAGUE NURSING SCHOLARSHIP

(DEADLINE MARCH 1st)



## CLEVELAND CLINIC AKRON GENERAL SERVICE LEAGUE NURSING SCHOLARSHIP

The goal of 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**

- ◆ Candidate must be accepted by an accredited Baccalaureate Nursing Program in Ohio.
- ◆ Candidates must maintain a grade point average of 3.0 or more.
- ◆ Applications will be available in January of each year. Candidates may pick them up in the Human Resources Department, print off internet or have one mailed to them.
- ♦ The deadline for the scholarship is March 1<sup>st</sup>.
- ♦ 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.

## CLEVELAND CLINIC AKRON GENERAL SERVICE LEAGUE APPLICATION FOR NURSING SCHOLARSHIP

Name		Date	
Address		City	
Zip: Telephone	: #: (     )	Social Security	
U.S. Citizen	or	Permanent Resident	
Total Individual or Family Incor	<b>ne</b> (as verified on cu	urrent tax forms filed with IRS)	
Please submit copy of your your parents or		ederal Income Tax Form an claim you as a dependent.	-
Number of individuals depende	nt on the abov	re income	
Are there other family member's	s currently atte	ending college? Yes	_ No
If yes, how many?	_		
Are you receiving any other sch	olarship or fina	ancial support?	
If yes, please indicate the type ar	nd amount:		
		\$	
		\$	
Please indicate below which acad	demic year yo	u are currently in:	
Junior	_	Senior	_
Are you currently enrolled in an	accredited Ba	ccalaureate Nursing Progra	m in Ohio?
Yes		No	

School you are currently attending or wish to attend					
Letters of reference: (Reference must be specific to scholarship and not a relative of applicant)					
1.	Name	_ Occupation			
	Address	Telephone #			
2.	Name	_ Occupation			
	Address	Telephone #			
3.	Name	_ Occupation			
	Address	_ Telephone #			
List Educational Experience to Date:					
	High School/College Dates	Attended Graduati	ion Date		
1					
2					
3					
4					
Please submit a short essay on the reason you chose nursing as a career and why you believe you have the qualities/skills necessary to be a successful nurse.					
Pleas	e submit the following items to:	Volunteer Services c/o Services	_		
	Scholarship Application Three letters of reference Essay Certified Transcript or letter from universi Most recent Federal Income Tax Form Final candidates will be required to person		ıte		

DEADLINE FOR APPLICATIONS IS MARCH  $1^{ST}$ . APPLICATIONS RECEIVED AFTER MARCH  $1^{ST}$  WILL NOT BE CONSIDERED.