



"Marsha's Angels"



Scholarship Application Form Instructions

Qualification Review

Before you fill out the application and submit it, please review the qualifications.

1. **Residence:** If you live in Sedgwick County or one of the six surrounding counties (Butler, Cowley, Sumner, Kingman, Reno or Harvey) the scholarship can be used to attend an accredited program anywhere in the United States. If you live outside that 7-county area, the scholarship can be used to attend one of the 6 accredited programs within the 7-county area (as listed on the web site) or St. Luke's College in Kansas City, MO.
2. **Qualifications:** The qualified applicant will have **COMPLETED** all the prerequisites and will have been **ACCEPTED** for the upcoming **FALL** session of the qualified accredited nursing program. The applicant will be entering the **first** year of the nursing program.

(If you are attending on a spring/fall schedule, are in an accelerated program, or are preparing to enter the second year of the nursing program, you do not meet these qualifications.)

Completing the Application

***** Download the application to your computer *****

Use your tab key or cursor keys (up, down, left, right) to move through the application; **DO NOT** use the enter key. To move forward, use the tab key or the down or right cursor keys. To move backwards, use the combination of shift-tab or the up or left cursor keys.

Where you see "Select One", when you tab to that block, a drop down box will appear, allowing you to make a selection. Click on your selection and move to the next box.

Submitting the application

You may submit the application either electronically by email (preferred) or by U.S. Mail.

By email (encouraged):

After completing the application, in the signature block, type your initials between two slash marks (e.g. /xyz/) to indicate that you have read the information in that block. Save the completed application to your computer. Attach the application file to an email and send it to marshasangels@gmail.com. If you are selected as the scholarship recipient, you will be required to sign a printed version of your application before the scholarship can be awarded.

By U.S. Mail:

After completing the application, print it out, sign it and mail it in. If the application is not signed, you may still be qualified for consideration but, if you are selected as the scholarship recipient, your signature will be required before the scholarship can be awarded.

Successful Applicant:

If you are selected as the successful applicant, your enrollment in the nursing program indicated on the application will be verified before a scholarship award will be made. If you are awarded the *Marsha's Angels* scholarship, your social security number will be requested. This information is used by nursing programs to verify the correct student's account is being credited.

The Selection Process:

Applications are received by the committee chairman and screened to confirm that the applicant meets all qualifications. Qualified applications are redacted to remove any information that would indicate the personal identification of the applicant. Redacted applications are numbered and forwarded to members of the selection committee who send the number of their chosen applicants (1st, 2nd, and 3rd) to the committee's accountant. The accountant tallies the votes and forwards the results to the chairman. The chairman is not part of the selection committee and does not know who votes for whom; the selection committee never sees an applicant's personal identification until after the selection is complete; the accountant never sees an application until after the selection process is complete.



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Be sure to read all the instructions on the previous page to make sure you have complied with all requirements before submitting your application.

Marsha's Angels Scholarship Fund
P.O. Box 401
Valley Center, KS 67147-0401
marshasangels@gmail.com

Date:

Name:

Last	First	M.I.

Address:

Street/Apt	City	State	Zip

Phone Numbers:

Home:	Work:	Mobile:

Email Address:

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Previous Education: (Begin with most recent.)

Institution	Location	Degree/Diploma	Date of Completion

Nursing Student Status:

Type of Program:

I (Select One) an accredited nursing program	(Select One)
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Other program type explanation:

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As a (Select One) student.

Name of Nursing School:

Number of hours completed towards degree:		Anticipated graduation (Mon/Year):	
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Why have you chosen to pursue a career in nursing?

Describe your career goals:

Describe your volunteer community activities:

(After printing out form, sign below.)

I verify and confirm that the above information is true and accurate to the best of my knowledge. If awarded the scholarship, I grant Marsha's Angels Scholarship Fund permission to use my image in any official publicity pieces. Publicity pieces include (but are not limited to) news releases, publications, videos and web-site use.

Signature: