

Dawn Mingus-Reynolds Memorial Nursing Scholarship Application Form

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Instructions:

1. Please print the following information, clearly. Completed applications MUST BE received by May 31st of each year for the following academic year. If this form is incomplete, inaccurate, or not signed, it will not be considered. Applicant must be enrolled in a "full-time" (minimum of 12 credit hours per grade period), state-accredited Nursing Program and reside in Athens County, Ohio.
2. Please complete one application for each scholarship.
3. Obtain and attach verification of current GPA, at time of making Application
4. Please submit a new application for each academic year.
5. Scholarship application will require an attached written statement describing educational goals and other relevant information (see specific scholarship criteria).
6. All students who receive a scholarship will be required to have a current e-mail address for future communications.

Personal Information:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Birthdate: _____ E-mail: _____

Last 4 digits of SS#: _____

Academic Information:

College: _____

Academic year for which application is being made: _____

Credit Hours Earned to Date: _____ Intended Major: Nursing GPA: _____

Credit hours to be taken during year for which scholarship is awarded: _____

Have you received other scholarship aid for the upcoming school year? _____ How much? _____

Last 4 digits of your SS#: _____

Nepotism Statement:

Scholarship Policy requires applicants to identify any relationship with any family member of Dawn Mingus-Reynolds.

Any applicant related to Dawn Mingus-Reynolds can only receive a scholarship if exclusively based on academic merit and financial need.

Are you related to Dawn Mingus-Reynolds or any family member? Yes or No

If yes, please identify the relationship: _____

Authorization Information:

I release to the Dawn Mingus-Reynolds Memorial Nursing Scholarship Selection Committee, the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the Dawn Mingus-Reynolds Memorial Nursing Scholarship Program.

I understand my name and information from my academic history may be released to the scholarship selection committee and/or the scholarship donor(s). If awarded a scholarship, I release to the Dawn Mingus-Reynolds Memorial Scholarship Committee, the right to use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the Dawn Mingus-Reynolds Memorial Nursing Scholarship Selection Committee.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and/or scholarship donor(s).

Applicant Signature: _____ Date: _____

Dawn Mingus-Reynolds Memorial Nursing Scholarship Committee Use Only:

Committee Chair Signature: _____ Date received: _____

Applicant GPA: _____

Scholarship Funding Recommended: YES or NO Amount awarded: \$_____