

Nursing Scholarship Application



For the Recognition of Scholastic
Excellence & Encouragement of
Nursing Education

Scholarship applications must be postmarked
no later than February 28, 2019.

Direct Financial

Nursing Scholarship Program

The purpose of the Scholarship Program is to recognize members who have shown scholastic excellence and who are interested in advancing their education.

Scholarship Award

Direct Financial will award one (1) \$3,000 scholarship to be paid jointly to the recipient and to the accredited school of choice. The recipient shall be limited to one scholarship award.

Eligibility

1. Applicant must be a member in good standing with the Credit Union. Applicants applying under parent(s) member number will not be considered.
2. Applicant must be applying to or enrolled in an accredited undergraduate or graduate nursing program at a college, trade school, or university (minimum 6-credit semester or the equivalent).
3. Employees and Volunteers of Direct Financial, as well as members of their immediate families and households are not eligible. Previous Direct Financial scholarship recipients are also not eligible.

Requirements

1. Copy of your high school or college transcripts (unofficial copies will be accepted) or GED (General Education Degree) and any related work experience. NOTE: Please make sure the name of the institution is on the transcript.
2. Direct Financial believes in sharing our success with the community. Please complete a maximum 250 word essay describing how you will use this degree to contribute to your community.
NOTE: Please attach your typed and double spaced essay to your Scholarship Application.
3. Completed Scholarship Application.
4. Applications that are incomplete, late, or not in accordance with directions will be ineligible.

Selection and Schedule

A Direct Financial Scholarship Application must be completed in full and returned (with requirements listed above) to the Credit Union postmarked by **February 28, 2019**.

No applications will be accepted after this date. Completed applications can be submitted at a branch or mailed to: New England Federal Credit Union, Attn: Scholarship Committee, P.O. Box 527, Williston, VT 05495. Upon receipt of your application, the Credit Union will mail you a confirmation letter. The Credit Union will not be responsible for lost mail or delays in delivery of mail. Scholarship recipients will be notified by **April 19, 2019**.

NOTE: All applications will be judged by a selection panel. Scholarships will be awarded based upon the applicant's overall achievements and personal essay. Direct Financial reserves the right to discontinue this scholarship program at anytime without notice. Direct Financial reserves the right to withhold scholarship awards if there are no qualified applicants.

Direct Financial Nursing Scholarship Application

COMPLETE ALL PORTIONS OF THIS APPLICATION. PLEASE PRINT IN BLUE OR BLACK INK, OR TYPE;
AND ATTACH A SEPARATE SHEET IF NEEDED TO PROVIDE ADDITIONAL INFORMATION.
(PENCIL APPLICATIONS NOT ACCEPTED)

I hereby apply for a Direct Financial Nursing Scholarship. I understand if I am selected to receive this scholarship, Direct Financial has no legal liability or obligation to me other than the payment of the Scholarship Award to the accredited school of choice.

(If you choose not to enroll in school after payment of the scholarship all funds must be returned to Direct Financial.)

Name: _____ Direct Financial Member No. _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Evening Phone: () _____ eMail Address: _____

SECONDARY/
High School: _____ City: _____

State: _____ Zip: _____ Degree/Diploma: _____

Year Graduated: _____ Cumulative Grade Point Average: _____
(ex. 3.8 on 4 pt. scale)

Secondary/High School: _____ City: _____

State: _____ Zip: _____ Degree/Diploma: _____

Year Graduated: _____ Cumulative Grade Point Average: _____

College: _____ City: _____

State: _____ Zip: _____ Degree/Diploma: _____

Year Graduated: _____ Cumulative Grade Point Average: _____

CURRENT COLLEGE / EDUCATION INSTITUTION
or UNIVERSITY
you attend or plan to attend: _____ Enrollment Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REFERENCES:
List two (2) individuals who may be contacted by the Selection Panel regarding your character, academic achievements, and/or educational potential.

Name: _____ Position: _____

eMail Address _____ Home Phone: () _____ Work Phone: () _____

Name: _____ Position: _____

eMail Address _____ Home Phone: () _____ Work Phone: () _____

Please complete the reverse side of this page.

List honors and awards: _____

Extra-curricular/Volunteer activities: _____

Describe an instance where you have demonstrated leadership: _____

Work experience (paid and unpaid): _____

Please attach your essay to this application.

Certification and Release Authorization.

I/We certify that this information is complete and accurate. I/We authorize the release of this information to confirm and/or verify this application. I/We further grant unto Direct Financial the right to use my name and/or photograph in connection with any Direct Financial promotions, including advertising, related to this scholarship program. This grant is made without claim of any kind, including compensation.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(if under 18 years)

