

EXCEPTIONALNURSE.COM
College Scholarship Awards

ExceptionalNurse.com awards scholarships of \$250.00-\$500.00 to qualified students with disabilities to continue their education in a nursing education program. Preference is given to undergraduate students. Applicants must demonstrate a serious commitment to the academic study of nursing and career excellence. This scholarship is not renewable and will only be awarded once.

Eligibility Requirements: Applicants must be students with a documented disability who have applied to, or already been admitted to, a college or university program on a full-time basis.

Checklist:

- Completed and signed application form.
- Three letters of recommendation from individuals who can personally attest to your academic abilities and personal character (these cannot be your relatives).
- Essay (approximately 1-2 pages).
- Official transcripts of high school/and or college courses completed.
- Medical Verification of Disability Form.

Applications must be received by June 1. Late, unsigned or incomplete applications will not be considered.

Please mail application and other documents to:

**Scholarship Committee
ExceptionalNurse.com
13019 Coastal Circle
Palm Beach Gardens, Fl 33410**

www.ExceptionalNurse.com

ExceptionalNurse.com Scholarship Award Application

Information about the applicant:

Name:

Last _____ First _____ M.I. _____

Permanent Address:

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Date of Birth: ___/___/___ Age: _____ Male _____ Female _____

Citizenship: U.S. _____ Other _____

Home Phone: _____ Work _____ Cell _____

Email: _____

Parent/Guardian

Name:

Last _____ First _____ M.I. _____

Permanent Address:

Street _____ Apt. _____

City _____ State _____ ZipCode _____

Disability: Describe your disability. Please attach the Medical Verification of Disability Form.

Education:

I am currently in my _____ year of high school/college (circle one).

I am currently enrolled in _____ College/University.

I have been accepted at _____ College/University.

I have declared my major as _____

I have disclosed my disability to the nursing program. Yes____ No____

I have requested accommodations Yes_____ No_____

If yes, describe the accommodations requested.

My career goal/objective is:

Educational History: List all schools you have attended.

Name of School_____ City_____ State_____
Date of graduation _____

Name of School_____ City_____ State_____
Date of graduation _____

Name of School_____ City_____ State_____
Date of graduation _____

Name of School_____ City_____ State_____
Date of graduation _____

Activities and Honors:

List any honors, recognition and/or awards you have received for your academic work.

List any school or community activities, or non-academic honors, recognition, and/or awards you have received.

Describe your hobbies, activities and interests not related to school.

Financial Background: (Information will remain confidential)

Father's occupation: _____ Income: _____

Mother's occupation: _____ Income: _____

Your occupation: _____ Income: _____

Spouse's occupation: _____ Income: _____

List any extenuating circumstance that demonstrate financial need (e.g. medical bills, single parent, parent is disabled).

College Applications: Which college/universities are you applying to?

First choice: _____ Have you been accepted? Yes No
Second choice: _____ Have you been accepted? Yes No
Third choice: _____ Have you been accepted? Yes No

Indicate costs for the above colleges.

First Choice:
Tuition: _____ Room&Board _____ Other _____ Total _____

Second Choice:
Tuition: _____ Room&Board _____ Other _____ Total _____

Third Choice:
Tuition: _____ Room&Board _____ Other _____ Total _____

Other sources of funding: Student: \$ _____
Family: \$ _____ Employment: \$ _____
Scholarships: \$ _____ Loans: \$ _____

Essay

Please submit an essay on how you plan to contribute to the nursing profession and how your disability will influence your practice as a nurse. Essays should be 1-2 pages typed. This essay will become the property of ExceptionalNurse.com.

Agreement

This is to certify that I _____ understand the receipt of an award is contingent on my full-time attendance this coming school year in a college or university nursing program. If I am a recipient, I give my permission to ExceptionalNurse.com to release information to the media (with exception of financial status) and publish all or an excerpt of my essay.

Further, I certify that all information contained in the application is true and accurate, to the best of my knowledge. I understand that all decisions made by the Scholarship Committee are final.

Name of applicant (please print) _____

Signature of applicant _____ Date _____

EXCEPTIONALNURSE.COM
Medical Verification of Disability Form

Please have your physician or vocational rehabilitation counselor provide the following information. Submit this form with your application.

Name of Patient/Client: _____

Address: _____

City: _____

State: _____ **Zip Code** _____

Verification of Disability

Diagnosis: _____

Prognosis _____

Recommendations: _____

Name of Physician/ Nurse Practitioner/Counselor:

Address: _____

City: _____

State: _____ **Zip Code** _____

Phone: _____ **Email:** _____

Print Name: _____

Signature: _____ **Date:** _____

Additional comments:

