

EXCEPTIONALNURSE.COM
College Scholarship Awards

ExceptionalNurse.com awards a scholarship of \$250.00 to a qualified student with a disability 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 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 phone:** _____ **Email:** _____

Parent/Guardian's Name: _____

(Last) (First) (M.I.) **Address:**

_____ (Street)

(Apt.)

(City) (State) (Zip Code) **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 or University. I have been accepted at _____ College or 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 you have requested:

My career goal/objective is:

Educational History: List all schools that you have attended:

Name of School City and State Dates Did you graduate?

Activities and Honors:

List any honors, recognition, and/or awards for academic work.

List any school activities, 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:** _____

Please list any extenuating circumstances that demonstrate financial need (e.g. medical bills, single parent, parent's disability).

College Applications: Which colleges 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	Second Choice	Third Choice	Tuition	Room and Board	Other
Costs Total						

Other sources of funding: Student: \$ _____ **Family:**
\$ _____ **Employment: \$** _____ **Federal/state**
grant: \$ _____ **Scholarships: \$** _____ **Loans:**
\$ _____

Essay

Please submit a one-two page typed essay. Discuss how you plan to contribute to the nursing profession and how your disability will influence your practice as a nurse. This essay will become the property of ExceptionalNurse.com.

Agreement

This is to certify that I, _____ understand the receipt of award funds 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 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