

**MEMORIAL HEALTHCARE FOUNDATION
PEGGY GULICK NURSING SCHOLARSHIP
APPLICATION PACKET**

ENCLOSED:

**General Policy
Scholarship Application
Essay Instructions
Confidential Recommendation Forms
Transcript Request Form**

**Memorial Healthcare Foundation
Peggy Gulick Nursing Scholarship
Renewal General Policy**

Name of Scholarship Fund: The Peggy Gulick Nursing Scholarship.

Purpose:

The purpose of this scholarship award is to encourage deserving applicants to pursue studies in the field of nursing, to enter the registered nursing profession, and to encourage these individuals to seek employment at Memorial Healthcare upon graduation.

Scholarship funds are awarded for use by the recipient to pay tuition and books expenses and are to be paid directly to the educational institution.

Award Amounts:

The scholarship award will be determined in part by funds available. An initial award is \$2,500 and renewals will be for “up to” \$2,500, both dependent on funds deemed available by the Memorial Healthcare Foundation.

Renewal Criteria:

This Scholarship is renewable for one (1) year. To be considered for renewal, a Renewal Application must be submitted by the scholarship recipient along with a copy of current transcripts. Renewal depends primarily on:

- Retention of an academic overall GPA of 3.0 on a 4.0 scale.
- Letter of recommendation from an employer and someone involved in their recent academic nursing experience.

**Memorial Healthcare Foundation
PEGGY GULICK NURSING SCHOLARSHIP
RENEWAL APPLICATION**

The following must be completed by the Applicant. Please type or print information.

Applicant's Name _____
(Last Name) (First) (Middle Initial)

Address _____

City _____ **State** _____ **Zip Code** _____

E-mail _____ **Telephone** (_____) _____

College Attending _____

City _____ **State** _____

Date Begun _____ **Full Time student?** ____ Yes ____ No

Type of Nursing Program enrolled in: ADN ____ BSN ____
(other nursing degrees are not eligible for consideration)

Expected date of degree completion _____

The undersigned hereby acknowledges that the information provided in this application, including any enclosed documents, is true and correct to the best of their knowledge.

Applicant Signature

Date

**Memorial Healthcare Foundation
PEGGY GUICK NURSING SCHOLARSHIP
TRANSCRIPT REQUEST**

To the Applicant: Print the information requested below and send this form to your College or University registrar.

Name _____
(Last Name) (First) (Middle Initial)

Student Number _____

School _____

Dates of Enrollment _____ **Degree and Year** _____

I hereby request the release of an official transcript and comments on my academic record to the Memorial Healthcare Foundation.

Signature **Date** _____

To the Registrar: The person named above is applying for a Memorial Healthcare Foundation Scholarship Award and we are asking your assistance in our effort to provide transcript control in the application process. Please complete this form and enclose it with an official copy of the applicant's academic transcript in an envelope. Please seal the envelope, sign across the seal, and return it to the applicant so that it can be submitted with the application. If this procedure is contrary to your policy, please send the transcript directly to the Memorial Healthcare Foundation Office, 1637 W. Main Street, Owosso, MI 48867. Or email to bgurden@memorialhealthcare.org Thank you for your cooperation.

Signature and title of College or University official **Date** _____