



Pennsylvania State Society  
Daughters of the American Revolution

**LOUISE V. NELSON NURSING SCHOLARSHIP 2012**

*Eligibility, Procedure and Terms*

**ELIGIBILITY**

- 1. The applicant must be a resident of Pennsylvania.**
- 2. This scholarship is available to any senior, graduating from a secondary school that is registered, accredited, approved or licensed by the Pennsylvania Department of Education.**
- 3. No affiliation or relationship with the DAR is necessary to qualify for this scholarship.**
- 4. The applicant must be accepted/enrolled in an accredited nursing program in a hospital or college.**
- 5. Only applications neatly printed or typed will be considered.**
- 6. The completed application with attachments must be received by the local sponsoring DAR Chapter before March 1<sup>st</sup>.**
- 7. Evaluation will be made by the State Scholarship Committee. The State Chairman will notify recipients by May 15<sup>th</sup>.**
- 8. The recipient shall agree to acknowledge award of the scholarship in a letter to the State Chairman. The letter must be received no later than July 1<sup>st</sup>.**

**APPLICATION PROCEDURE/CHECKLIST** \_\_\_\_\_

Name of Applicant

To be considered for this scholarship, the following must be received by the local sponsoring DAR Chapter before March 1<sup>st</sup>:

- \_\_\_\_ Completed Louise V. Nelson Nursing Scholarship Application Form
- \_\_\_\_ Completed Financial Need Form
- \_\_\_\_ School Recommendation Form (completed by the Principal or School Counselor)
- \_\_\_\_ Personal Statement outlining reasons for pursuing a career in Nursing (max 350 words)
- \_\_\_\_ Official High School Transcript (School Profile is not required)
- \_\_\_\_ Results of SAT and/or ACT (if *not* reported on Official Transcript)
- \_\_\_\_ Information regarding extra-curricular activities (attach Student Resume if available)
- \_\_\_\_ Two (2) personal letters of reference  
(non-relatives, in addition to School Recommendation Form)
- \_\_\_\_ Signature of Regent or Chapter Scholarship Chairman

**TERMS OF THE SCHOLARSHIP**

Payment of the scholarship shall be placed on deposit with the college or university.  
The applicant shall pledge to abide by the rules of the institution which he/she attends.

The student must maintain full-time student status.

Applications will *not* be returned and only scholarship recipients will be notified by May 15<sup>th</sup>.

**Sponsoring DAR Chapter** \_\_\_\_\_

**Name of Regent or Chapter Chairman** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone & Email** \_\_\_\_\_

**LOUISE V. NELSON NURSING SCHOLARSHIP APPLICATION**

- 1. **Name** \_\_\_\_\_  
**Phone & Email Address** \_\_\_\_\_  
**Permanent Address** \_\_\_\_\_  
\_\_\_\_\_
  
- 2. **Name of Parents/Guardian** \_\_\_\_\_
  
- 3. **Name and Address of College or University Nursing Program you will attend**  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4. **Scholastic Honors and Awards** \_\_\_\_\_  
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\_\_\_\_\_  
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**I hereby affirm that the above is correct and I promise to use the scholarship funds for no other purpose than specified.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsoring DAR Chapter** \_\_\_\_\_

**Name of Regent** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone & Email** \_\_\_\_\_

**Signature of Regent (or Chapter Chairman)** \_\_\_\_\_

### FINANCIAL NEED FORM

**Father/Guardian**

**Mother/Guardian**

- 1. **Name** \_\_\_\_\_
- 2. **Employer** \_\_\_\_\_
- 3. **Income**
  - a. Taxable income as reported on prior year's tax return \_\_\_\_\_
  - b. Non-taxable income \_\_\_\_\_
- 4. **Assets**
  - a. Savings \_\_\_\_\_
  - b. Home Equity \_\_\_\_\_
  - c. Other Real Estate or Investments \_\_\_\_\_
  - d. Farm or Business \_\_\_\_\_
- 5. **What will you be able to contribute towards your education?** \_\_\_\_\_
- 6. **Estimated Education Costs:**
  - a. Tuition & Fees \_\_\_\_\_
  - b. Room & Board \_\_\_\_\_
  - c. Books & Supplies \_\_\_\_\_
  - d. Other Costs (list) \_\_\_\_\_

**7. Household Information**

Number of Dependents \_\_\_\_\_ How many will be in college during the year of the scholarship grant? \_\_\_\_\_

Please add any additional information concerning the financial assets and obligations which would explain your need for financial assistance: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Father / Guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Mother / Guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Applicant

**SCHOOL RECOMMENDATION FORM**

**1. Name of Applicant** \_\_\_\_\_

**2. Address of School** \_\_\_\_\_

\_\_\_\_\_

**3. Your Name and Title** \_\_\_\_\_

**4. How long have you known the applicant and in what context?**

\_\_\_\_\_  
\_\_\_\_\_

**5. Your assessment of the applicant's personal characteristics.**

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**6. Your assessment of the applicant's motivation towards higher education.**

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**7. Comments or other pertinent information which you feel would enhance the selection of this applicant.  
We welcome information that will help us differentiate this applicant from others.**

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\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_