



LOIS JEAN ROBERTS MEMORIAL NURSING SCHOLARSHIP

Supporting qualified R.N. and BSN candidates

APPLICATION REQUIREMENTS & CRITERIA:

1. Applicant must either reside in Whatcom County or have graduated from a Whatcom County high school.
2. Provide official copy of high school or college transcripts.
3. Document Science and Math aptitude in high school or other post-secondary classes by providing class title and grade.
4. List and/or describe community service activities.
5. Provide documentation of acceptance into a qualified nursing program at Whatcom Community College; Bellingham Technical College, Western Washington University or Skagit Valley College.
6. Cover letter describing your personal and professional goals.
7. Provide documentation of financial need including all sources of funds.
8. Provide references from high school or college instructors or counselors and/or other professional relationships.

1. PERSONAL INFORMATION

Applicant's Name:

Last: _____ First: _____ Middle: _____

Phone: _____ email: _____

Mailing Address:

Street: _____ City: _____ State: _____ Zip: _____

2. EDUCATION

High School:

Name: _____ City: _____ GPA: _____ Graduation Date: _____

Post High School Education

Program/College: _____ City: _____ GPA: _____ Dates: _____
Degree: _____

Program/College _____ City: _____ GPA: _____ Dates: _____
Degree: _____

Program/College _____ City: _____ GPA: _____ Dates: _____
Degree: _____

3. WORK HISTORY

Employer: _____ *Job:* _____ *Dates:* _____

Employer: _____ *Job:* _____ *Dates:* _____

Employer: _____ *Job:* _____ *Dates:* _____

Employer: _____ *Job:* _____ *Dates:* _____

Employer: _____ *Job:* _____ *Dates:* _____



4. COMMUNITY ACTIVITIES and INTERESTS:

List and describe your interests, activities and community and volunteer service

5. AWARDS and RECOGNITIONS:

6. EDUCATIONAL INTENT OR GOALS:

- ❖ What degree are you seeking? _____
- ❖ Which college or program do you plan to attend? _____
- ❖ Have you been accepted or are you currently enrolled?
- ❖ When are you seeking scholarship support?
- ❖ Describe why you have chosen nursing as your future profession, what your professional goals are and how you see your education serving community health needs, specifically diverse populations? Where do you see yourself professionally in 5 to 10 years? (Attach additional information as needed.)



7. FINANCIAL NEED

What is your educational budget and how do you plan to finance your education? Please list all sources of income (parents, loans, etc.) as well as anticipated expenses.
(Attach additional information as necessary.)

Is there anything else you wish the Selection Committee to know?

Return completed application to Chuckanut Health Foundation (formerly St. Luke's Foundation), PO Box 5641, Bellingham, WA 98227-5641 or email to info@chuckanuthealthfoundation.org on or before the deadline of May 20th. Applications will be considered only when all required materials are received by the deadline.

Signature: _____

Date: _____