

# Helen and Howard W. Smith Nursing Scholarship

Neatness, legibility and completeness of replies will have an influence on the Selection Committee's decision. If a question is not applicable to your situation, please note 'not applicable' in that space. If you need additional space for answers, use extra 8 1/2 by 11 sheets of paper with your name and address on the top right corner.

Please type or print using **black** ink. If you acquire this application as a Word doc, "Tab" to navigate fields.

## PERSONAL INFORMATION

Name (Last, First Name, Middle Initial): \_\_\_\_\_

Social Security Number (required): \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

**Two or four-year accredited nursing program::**

Applied (date)

Accepted (date)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

## FAMILY FINANCIAL INFORMATION

Please provide financial information of the adults who support the applicant student.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

**TOTAL SIZE OF HOUSEHOLD DURING THE CURRENT YEAR:**

(Include parents/guardians, applicant, other dependent children and any other dependents)

**NUMBER OF HOUSEHOLD MEMBERS ENROLLED IN COLLEGE:**

(half-time or full-time during the coming academic year)

**ANNUAL INCOME - PREVIOUS CALENDAR YEAR**

**Parent(s)' Adjusted Gross Income:** \_\_\_\_\_

**Student's gross earnings-previous calendar year:** \_\_\_\_\_

Unreimbursed tuition: \_\_\_\_\_

**Student's savings, investments, trust funds:** \_\_\_\_\_

List recent loans, scholarships and grants - include amounts:

Please describe any special financial circumstances:

Have you completed and submitted a Financial Aid Form (FAFSA)?

yes\*

no

\*If yes, please attach a copy of the letter and summary page from the Student Aid Report (SAR) you have received from the college apprising you of the amount of financial aid for which you are eligible.

Projected annual cost (tuition, room and board) for school you plan to attend: \_\_\_\_\_

We hereby certify that the information set forth in this application is true to the best of our knowledge.

Applicant's Signature \_\_\_\_\_

Parent/Guardian Signature if applicant under age 18 \_\_\_\_\_

Date: \_\_\_\_\_

**DUE DATE: Postmarked no later than MARCH 28, 20087**

# Helen and Howard W. Smith Nursing Scholarship

The **Helen and Howard W. Smith Nursing Scholarship** was established in 2002 to provide scholarship assistance to students wishing to earn their LPN or BSN degree.

## Scholarship Criteria

- Demonstrate financial need
- Be accepted at a two or four-year accredited nursing program at a public institution in Montgomery or Greene County

## Application Process

Submit a completed application available from The Dayton Foundation (address below) and include the following attachments:

- A copy of your signed IRS Tax Form 1040 (pages 1 and 2) or the summary page from the Student Aid Report (SAR) from the Free Application for Federal Student Aid (FAFSA)
- An essay (one page, double-spaced) explaining what has motivated you to enter the nursing profession

## Selection Committee

The selection of a recipient will be made by a Scholarship Committee established by The Dayton Foundation. Preference will be given to women re-entering the work force.

## Use of the Scholarship

The scholarship may be used for tuition and other related educational expenses.

## Payment of the Scholarship

The Selection Committee will submit the name of the recommended scholarship recipient to The Dayton Foundation's Governing Board on an annual basis. The scholarship will be paid directly to the student's school after the student has confirmed enrollment. Payment may be made directly to the student under certain circumstances, such as reimbursement for books and supplies, and only after itemized receipts are submitted.

## Mail completed application and documentation to:

THE DAYTON FOUNDATION  
Attn: Helen and Howard W. Smith Nursing Scholarship  
500 Kettering Tower  
Dayton, OH 45423

Questions? Call Elizabeth Horner 937-225-9955

**DEADLINE: Postmarked no later than March 28, 2008**