



# Truckee Sunrise Rotary Club

## Betsy Watson Memorial Nursing Scholarship Application 2011

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Dear Applicant:

Truckee Sunrise Rotary is providing a Betsy Watson Memorial scholarship to U.S. citizens or nationals who are Tahoe Forest Hospital District residents and who best meet the below requirements. This year we are awarding a \$1000.00 scholarship in September. Candidates must meet the requirements below to apply. The Truckee Sunrise Rotary Club will act as the Scholarship Selection Committee.

### **REQUIREMENTS:**

1. US citizen or national who is a resident of Tahoe Forest Hospital District.
2. Acceptance into an accredited Nursing program awarding a degree. (Prerequisite phase of program—not eligible, must currently be accepted into the program)
3. Currently enrolled in an accredited nursing program and continues in the program for one year.
4. Completed application and other documents required by the application. Put N/A in all blanks that do not apply.
5. Individual's financial needs will be considered.
6. Scholarship is awarded without regard to race, color, religion or national origin.
7. Submission by deadline, August 31, 2011. **NO EXCEPTIONS.**

Good Luck!

Application available: online at [www.TruckeeSunriseRotary.org](http://www.TruckeeSunriseRotary.org) or call Anne Knudsen at 530 426-3251 to receive one by mail or for any questions.

Application submitted to: Truckee Sunrise Rotary Club  
Att: Anne Knudsen  
P O Box 8634  
Truckee, CA 96162

Notification of acceptance will occur by mail by September 30, 2011.



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### EDUCATION SUPPORT PROGRAM - APPLICATION AND FINANCIAL NEED STATEMENT

**1. STUDENT INFORMATION:**

NAME: \_\_\_\_\_ License or certificate currently held: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Currently employed at: \_\_\_\_\_ Position: \_\_\_\_\_

Employment status:  Per Diem  Part Time  Full Time  Temporary

**2. PROGRAM INFORMATION:**

NAME OF SCHOOL AND/OR PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEGREE/CERTIFICATE being sought: \_\_\_\_\_

Length of time you have been in this program: \_\_\_\_\_ Expected mo/yr of completion: \_\_\_\_\_

Academic credits/units/hours to be carried during school year (as applicable): \_\_\_\_\_

Total number of credit/unit/hours of program: \_\_\_\_\_ Cost of total program: \_\_\_\_\_

Have you already completed any prerequisite/required courses for this program?  Yes  No

If yes, when? \_\_\_\_\_ (Submit copy of transcripts or grade slips/or official program requirements, i.e., catalogue description or letter from college.)

How many prerequisite credits are needed? \_\_\_\_\_ How many "actual program" credits completed? \_\_\_\_\_

3. Provide a letter from your program of training, or proof of enrollment (application), that indicates your eligibility to participate in the program during the coming school year. Need proof that your name matches with internet ID# or enrollment confirmation print-out.
4. Provide verification of current employment. (letter or current paycheck stub)
5. Provide a letter of reference/recommendation from your employer.

**ALL ITEMS ABOVE MUST ACCOMPANY YOUR APPLICATION**



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6. **Financial Need Statement:** Calculate your total monthly income and total monthly expenses, currently and those expected while you are in school. Please include all sources of income (i.e., from spouse or significant others) and expenses (including those new expenses due to school, i.e., increased gas).

<b>INCOME SOURCES:</b> (All sources of income)	<b>CURRENT</b> <b>((Monthly)</b> <b>Including</b> <b>Spouse/S.O.</b>	<b>EXPECTED WHILE</b> <b>IN SCHOOL</b> <b>(Monthly)</b> <b>Including</b> <b>Spouse/S.O.</b>
Total Household Wages/Salary:		
Interest/Dividends:		
Scholarship/School loans:		
Alimony/Child Support:		
Other:		
<b>TOTAL:</b>		

<b>EXPENSES:</b>	<b>CURRENT</b> <b>(Monthly)</b>	<b>EXPECTED WHILE</b> <b>IN SCHOOL</b> <b>(Monthly)</b>
Rent/Mortgage:		
Food:		
Utilities: TV/Electricity/Gas/water		
What about: a. insurance: home/car b. child/school loans c. gas (personal)		
Child Care:		
Alimony:		
Gas for educational travel:		
Tuition/Books		
Loans/Credit card payment: (School related)		
Loans/Credit card payment: (Personal related)		
Total with interest paid this last year on personal credit card		
<b>TOTAL:</b>		

Comments:

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If expenses greater than income, how do you offset your income?

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7. Number of people (**excluding yourself**) for whom you solely have financial responsibility: \_\_\_\_\_.
  
8. Number of people (**excluding yourself and those you have sole responsibility**), for whom you have shared financial responsibility: \_\_\_\_\_.
  
9. In a narrative form, explain why you are applying and how these funds will benefit your education. (Add an extra page if necessary.) How would it affect you with regards to completing your program if you didn't receive these funds?
  
  
  
  
  
  
  
  
  
  
10. a. What are your plans after you finish your program, and do they include staying in the community or other rural setting?
  
  
  
  
  
  
  
  
  
  
- b. How will the completion of this program benefit our community? Is your area of focus in demand, please explain.



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11. I attest that all information provided is true to the best of my knowledge. I am willing to provide specific evidence of income and/or expenses if requested by the Scholarship Selection Committee during the selection process or if required for reporting of scholarship expenditures.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

12. Return the application profile and all other required documents to:

**Anne Knudsen  
Truckee Sunrise Rotary Club  
P O Box 8634  
Truckee, CA 96162**

**ALL ITEMS ABOVE MUST ACCOMPANY YOUR APPLICATION.**

**DEADLINE TO RECEIVE COMPLETED APPLICATIONS IS August 31, 2011.**

**ONLY THOSE APPLICATIONS RECEIVED BY THE DEADLINE WILL BE CONSIDERED.**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**Notification of acceptance will occur by mail by September 30, 2011.**