

Scholarship Committee

Doris Stokes, Chair - Georgia Smallwood – Wali Saleem – Johnnie Northern – Joy Smallwood – Yousef Abdullah

NURSING SCHOLARSHIP APPLICATION

SUBMISSION REQUIREMENTS: STUDENTS APPLYING MUST

- ***BE ENROLLED THE FIRST SEMESTER IN BEAUFORT COUNTY COMMUNITY COLLEGE NURSING PROGRAM.***
- ***INTERVIEW WITH SCHOLARSHIP FUNDING SOURCE.***
- ***HAVE CHOSEN TO MEET REGULARLY WITH A NURSING MENTOR APPROVED BY THE PSJHSAI.***
- ***COMMIT TO PRACTICE NURSING IN BEAUFORT COUNTY AFTER LICENSURE.***
- ***SUBMIT GRADES EACH SEMESTER TO THE PSJHS ALUMNI SCHOLARSHIP COMMITTEE.***
- ***MAINTAIN CONTINUOUS SATISFACTORY ENROLLMENT AND PERFORMANCE IN THE NURSING PROGRAM.***
- ***USE ALL AVAILABLE RESOURCES OFFERED BY BCCC TO ENSURE BEING A SUCCESSFUL STUDENT.***

RETURN THE COMPLETED APPLICATION ALONG WITH THE FOLLOWING:

- **A LETTER FROM BCCC NURSING PROGRAM DIRECTOR STATING THE APPLICANT IS PRESENTLY ENROLLED IN THE BCCC NURSING PROGRAM.**
- **A LETTER OF RECOMMENDATION FROM NURSING PROGRAM DIRECTOR.**
- **AN OFFICIAL COPY OF COLLEGE TRANSCRIPT VERIFYING FIRST SEMESTER ENROLLMENT AND GRADES SENT DIRECTLY TO PSJHS SCHOLARSHIP COMMITTEE.**

APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Phone # _____
CITY STATE ZIP

E-MAIL ADDRESS: _____

College Address: _____
CITY STATE ZIP Phone #

Name of Director: _____ Phone Number: _____

Name of Mentor: _____ Phone Number: _____

Semester Grades: _____

Civic/Community Activities: _____

I HAVE READ AND CERTIFY THAT ALL INFORMATION RECORDED ABOVE TO BE ACCURATE.

STUDENT SIGNATURE: _____

**RETURN APPLICATION TO: MRS. DORIS STOKES
1308 PIERCE STREET
WASHINGTON, NC 27889**