



*Capital Ovarian Cancer Organization (C.O.C.O.)  
Application for Jerri Heltzel Robinson Memorial Nursing  
Scholarship 2021*

**Please Print**

**PART 1 – PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number and Street      City      State      Zip Code

Home Address (if different from mailing address):

\_\_\_\_\_  
Number and Street      City      State      Zip Code

Phone Number: \_\_\_\_\_ Indicate if Cell: \_\_\_\_ Home: \_\_\_\_ Work: \_\_\_\_

Email Address: \_\_\_\_\_

**PART II – EDUCATION**

List all graduate and undergraduate institutions attended. List from most recent. Attach additional pages, if needed.

Name of School      Dates Attended      Year of Graduation      Degree/No. of Credits

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

Nursing School Attending: \_\_\_\_\_

Address of Financial Aid/Development Office: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_



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This application for the Jerri Heltzel Robinson Memorial Scholarship is for the following year (check one):

\_\_\_BSN\_\_\_3\_\_\_4      \_\_\_AND\_\_\_2      \_\_\_APRN

Concentration: \_\_\_\_\_

Anticipated Graduation Date from the Institution Listed Above: \_\_\_\_\_

Extra-Curricular Activities and Community Involvement, attach a separate sheet of paper if necessary: \_\_\_\_\_

**PART 3 – FINANCIAL INFORMATION**

Estimated Cost of Schooling for the Next Year:

Tuition	\$ _____
Fees	\$ _____
Books	\$ _____
Housing	\$ _____
Total	\$ _____

What are your sources of income?

Anticipated earnings during the school year:

\_\_\_Full time      \_\_\_Part time Employment      \$ \_\_\_\_\_

Other financial contributions (spouse, family, other): \$ \_\_\_\_\_

\$ \_\_\_\_\_



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Scholarships – Confirmed	\$ _____
	\$ _____
Scholarships – Unconfirmed	\$ _____
	\$ _____
Student Loans	\$ _____
Other Income	\$ _____
TOTAL ESTIMATED INCOME	\$ _____

**Part 4 – OTHER DOCUMENTS**

Please attach to this application the following documents:

- Up to date transcripts from the current school;
- List of employers including name and address of employer, title, brief description of work performed, date(s) (from - to) of employment (a resume may be attached);
- Two (2) letters of recommendation from informed people with their identification and relationship clearly identified (employer, professor, etc.). The letters of recommendation must address your leadership and organization skills, work ethic and compassion in working with patients/people; and
- A personal statement including the reason for selecting nursing as your chosen field and your objective in further pursuing your education. In addition; address your leadership and organization skills, work ethic and compassion in working with patients/people. This statement should be no longer than one (1) page.



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Please forward the application and the documents **by April 5, 2021** to:

C.O.C.O. Scholarship Committee  
PO Box 1762  
Frankfort, KY 40601

**PART 5 - SIGNATURE**

I certify that the information in this application and supporting documents is accurate. I give my permission for C.O.C.O. to contact the Financial Aid Development Office of my current school.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: The information on this application will be kept confidential and will only be shared with the C.O.C.O. scholarship committee/executive board. The application will be maintained by C.O.C.O. for four (4) calendar years.