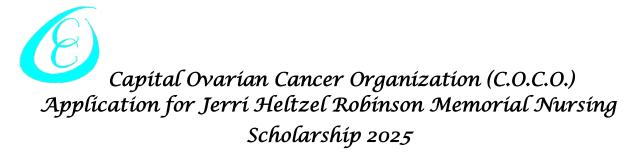
Capital Ovarían Cancer Organization (C.O.C.O.) Application for Jerrí Heltzel Robinson Memorial Nursing Scholarship 2025

Please Print

PART 1 – PERSONAL INFORMATION

First Name:	Middle Initial: Last Name:					
Mailing Address:						
	Number and Stree	t City		te Z	Zip Code	
Number and Street	City		Stat	te Z	Zip Code	
Phone Number:		_ Indicate if (Cell: Ho	ome:V	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 I	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 o	f income?				
Anticipated earnin	gs during the school year:				
Full time	Part time Employment	\$			
Other financial contributions (spouse, family, other): \$					
		\$			

Capital Ovarían Cancer Organízatíon (C.O.C.O.) Application for Jerrí Heltzel Robínson Memoríal Nursíng Scholarshíp 2025

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.

Capítal Ovarían Cancer Organízatíon (C.O.C.O.) Applicatíon for Jerrí Heltzel Robínson Memoríal Nursíng Scholarshíp 2025

Please forward the application and the documents by April 1, 2025 to:

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

Or

Email to: CapitalOVCa@gmail.com

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.