



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

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 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.