The

MARTHA WINNEN FERGUSON

MEMORIAL SCHOLARSHIP IN NURSING

SUPPORTING THE NEXT GENERATION OF NURSING PROFESSIONALS

Martha Winnen Ferguson was an extraordinary wife, mother, sister, and friend. When not giving of herself to her family and friends, Martha lived for her profession as a nurse in the Cleveland area where she was fondly known as **“Marty”**.

Marty spent 22 years using her Registered Nurse (RN) degree as a tool to better the lives of countless patients under her care.

She took immense pride in her profession as a health care provider and never lost sight of the importance of nurses in the medical field. Marty was gifted in her spirit to care for others and make even the most ailing feel comforted in times of need.

The Family and Friends of Marty Ferguson are offering a scholarship to a Senior student at **Avon Lake High School** planning to attend nursing school every year.

Those students applying should be able to describe their desire to enter the medical profession and pursue a degree in nursing.
A well-balanced high school experience and financial need will be taken into consideration.

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Application Requirements

In addition to your Common Scholarship Application, please submit the following to the Avon Lake High School Guidance Office with your Common Scholarship Application in order to be considered for The Martha Winnen Ferguson Memorial Scholarship in Nursing:

- *Attached one-page General Information Sheet*
- *A brief essay, no longer than one page, describing why you want to be a nurse and pursue a career in the nursing field.*

The recipient will be announced at the **Avon Lake Senior Awards Assembly.**

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Please complete the below information and place this sheet on the top of your application upon submission. One reference is requested for the purposes of final consideration. References may be teachers, ministers, friends, neighbors, or anyone that knows you well outside of your own family.

Contact Information

Student's Full Name: _____

Parent(s) Name: _____

Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

Reference Name: _____

Relation: _____

Years Known: _____

Phone : _____

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In the Nursing Program Applications section, please list the program(s) you have applied to or intend to apply to for admission in the relevant year.

Nursing Program Applications

1. School: _____
Location: _____

2. School: _____
Location: _____

3. School: _____
Location: _____

4. School: _____
Location: _____

5. School: _____
Location: _____