**BELMONT CLUB OF WOMEN**

**THE JUDITH MCKEE MEMORIAL**

**SCHOLARSHIP AWARD PROGRAM**

The Belmont Club of Women was formed in 1928 and provides service to the communities of Louisa, Orange, and Spotsylvania counties. As part of this service mission, the Club created and annually funds a number of higher education scholarships for students in these three counties.

**THIS AWARD**

The Judith McKee Memorial Scholarship was created in 2016 as part of the Scholarship Awards Program of the Belmont Club of Women. Judy was a cherished member of the Club and her passion for nursing was apparent. As a tribute to Judy, her family members desire to support individuals pursuing post-secondary education in the fields of Nursing, Physical Therapy, Health Care, Dental and other human medical professions.

The Belmont Club of Women will award one $2,000 scholarship annually (**amount subject to funding)** through the Judith McKee Memorial Scholarship Program. Applicants for this scholarship must be entering or currently enrolled in post-secondary education at a college, nursing school, community college, or program for medical or health care licensure. The money awarded will be sent directly to the higher education institution and may be applied to tuition, room and board, and/or books and supplies.

**EVALUATION CRITERIA**

* Academic performance at the most recent school attended
* Community service
* Two letters of recommendation
* Work experience
* Financial need
* Essay not to exceed 500 words outlining the reasons why they have chosen a career in Nursing, Health Care or Medical professions.

**APPLICATION AND SELECTION PROCEDURE**

A completed application with all accompanying material must be provided to the Belmont Club of Women via email or **postmarked no later than** **March 24, 2025.** The selection committee will notify selected recipients, as well as all other applicants, and the guidance department at the high school, if applicable, by **April 24, 2025**.

**Belmont Club of Women
The Judith McKee Memorial Scholarship Application**

1. **PERSONAL INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ACADEMIC INFORMATION**

Name of school last attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest grade completed\_\_\_\_\_\_\_\_\_\_\_\_ Date completed \_\_\_\_\_\_\_\_\_\_\_\_ Grade point average\_\_\_\_\_\_\_\_\_

Name of institution you plan to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (city and state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your career goal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Honors/awards you have received and dates:

List School activities:

1. **FINANCIAL INFORMATION**
	1. Estimate your financial needs for your coming year at college if available
		1. Tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Room & Board $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Books & Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Are any of the following financial resources available for your college education?
		1. Parents and other relatives \_\_\_\_\_ yes \_\_\_\_\_\_ no
		2. Your own assets \_\_\_\_\_ yes \_\_\_\_\_\_ no
		3. EFC on your FAFSA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **COMMUNITY INVOLVEMENT** *-*List current community volunteer positions held, date, etc.:
3. **WORK EXPERIENCE –** List current jobs with dates and duties**:**
4. **ESSAY -** not to exceed 500 words outlining the reasons why they have chosen a career in Nursing, Health Care or Medical professions. Please insert your essay below:
5. **OPTIONAL**

Have there been any events or experiences in your life that have had an impact on you that you would like to share with the committee? If so, please insert a short paragraph describing this below:

1. **ADDITIONAL REQUIREMENTS**

Along with your completed application, provide the following:

* Your most recent school transcript
* Two letters of recommendation from people who know you well: One academic or work related and one personal (coach, teacher, friend, employer, clergy, etc.)

**PLEASE READ AND SIGN THE STATEMENT BELOW.** Note that if you are selected to receive a Belmont Club of Women scholarship you will be required to provide us with your (college or other institution) student ID number, to submit with our check to the college of your choice. This will help the finance office staff identify the student and purpose for which the check is intended.

*I certify that, to the best of my knowledge the information contained in this document is correct and complete. I give permission to the Belmont Club of Women to verify this information. I agree to release my transcript, financial aid records, and any other pertinent school or work records deemed necessary to the Belmont Club of Women or its representative for evaluation of my eligibility for a scholarship. I understand that the money I’m being awarded is only for application to my tuition, room and board, and books and supplies.*

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit your completed application and supplemental materials no later than **March 24, 2025** either by email to junebud07@gmail.com . If mailed, applications must be postmarked by the deadline date and sent to:

 BCOW Scholarship Committee

 c/o Ann Mahoney, Chairperson

 14720 Comfort Lane

 Mineral, VA 23117

For further information call Ann Mahoney (703) 597-9168, Email: junebud07@gmail.com

*The Belmont Club of Women (BCOW) does not and shall not discriminate on the basis of any applicable protected classification including, but not limited to, race, color, religion, (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities. These activities include, but are not limited to, advertising for available scholarships, selection of scholarship recipients, and the provision of related services. BCOW is committed to providing an inclusive and welcoming environment for applicants, and scholarship recipients.*