**BELMONT CLUB OF WOMEN**

**THE *JUDITH MCKEE MEMORIAL***

**SCHOLARSHIP AWARD PROGRAM**

**GENERAL INFORMATION**

The Belmont Club of Women was formed in 1928 with purpose to promote the welfare of rural women in our communities. While the “rural” nature of the area is no longer as prevalent as in 1928, the Club has continued to reach out in service to the community. Each year scholarships of $1,000 are awarded to deserving recipients.

**THIS AWARD:**

The Judith McKee Memorial Scholarship was created in 2016 to be awarded beginning 2017 as part of the Scholarship Awards Program of the Belmont Club of Women. Judy was a cherished member of the Club and her contributions were many. She was an example of kindness, caring, and leadership. Her passion for nursing was apparent. After raising five children she returned to school and graduated with honors. She obtained her Professional Registered Nursing License. As a tribute to Judy, her husband Walter and family members desire to support individuals entering the fields of Nursing, Health Care and Medical professions.

The Belmont Club of Women will award one $1,000 scholarship annually through the Judith McKee Memorial Scholarship Program made possible from the generous donations of her husband, Walter, family and friends. Applicants for this scholarship must be entering post-secondary education at a college, nursing school, community college, or program for medical or health care licensure. Upon receipt from the recipient of his or her student ID#, the money will be sent directly to the recipient’s choice of higher education institution. Funds can be used for tuition, room and board, books, supplies, or fees.

**ELIGIBILITY:**

Awards will be made on the basis of academic performance at the most recent school attended, community service, two letters of recommendation, and financial need. Applicants are also asked to write an essay not to exceed 500 words outlining the reasons why they have chosen a career in Nursing, Health Care or Medical Professions. Applicants may be of any age.

**APPLICATION AND SELECTION PROCEDURE:**

A completed application with all accompanying material (essay, and two letters

of recommendation) must be submitted to the selection committee, **postmarked no later than**

**April 15 2019.** The selection committee, which is comprised of three representatives from the Belmont Club of Women, will notify recipients individually, as well as the BCOW member making the recommendation, by May 15, 2018.

**Mail completed application with all required attachments to:**

**Belmont Scholarship**

**c/o Sharon Marlow, Chairperson**

**5803 Dogwood Tree Lane**

**Mineral. VA 23117**

**If questions call Sharon Marlow 540-272-0202 or email marlows24@yahoo.com**

**BELMONT CLUB OF WOMEN**

**The Judith McKee Memorial Scholarship**

**SCHOLARSHIP APPLICATION for students entering the medical field.**

**(Add additional page(s) as necessary to complete answers)**

**Please print**

**I PERSONAL INFORMATION:**

**A. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_ Date of Birth\_\_/\_\_/\_\_**

**B. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Your career goal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. Marital Status\_\_\_\_\_\_\_\_ Single (S), Married (M), Divorced (D), Widowed (W)**

**F. If a minor or dependent:**

**Parent(s’) occupation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of siblings and their ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**H. If you are a parent:**

**Number of children and ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II ACADEMIC INFORMATION:**

1. **Name of school last attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. Highest grade completed \_\_\_\_\_\_\_\_\_Date completed \_\_\_\_\_\_\_\_\_\_\_Grade point average\_\_\_\_**

**C. Name of Institution you plan to attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Location (City & State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. List all extra-curricular activities, honors or awards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III COMMUNITY INVOLVEMENT:**

**A. Community service activities and membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. Duties and responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV FINANCIAL INFORMATION:**

**A. Are you aware of other financial support or awards you will be receiving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. If yes, list which and for what amounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Estimate your financial needs for your coming year at college:**

**Tuition: $\_\_\_\_\_\_\_\_\_\_\_ Room & Board: $\_\_\_\_\_\_\_\_\_ Books: $\_\_\_\_\_\_\_\_, Fees: $\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Estimate financial resources that will be available for your continued educations, from parents spouse and other relatives, friends, from your own assets, and from other sources:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**V WORK EXPERIENCE:**

**List jobs you have held, dates, duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**VI SPECIAL INTERESTS:**

**List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VII ADDITIONAL REQUIREMENTS:**

**Along with your completed scholarship application, provide all of the following:**

1. **A typed essay, not to exceed 500 words, reflecting the reasons you are interested in a career in the medical or health care field, and any special circumstances in your life that should be taken into consideration by the Scholarship Committee;**
2. **Two letters of recommendation from people who know you well: One academic or work**

**related and one personal (coach, teacher, relative, 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) 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 understand that the money I’m being awarded is only for application to my tuition, room and board, and books and supplies.***

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We welcome your comments:**

**Submit your application, postmarked no later than April 15, 2019, to:**

**BCOW Scholarship Committee**

**c/o Sharon Marlow**

**5803 Dogwood Tree Lane**

**Mineral, VA 23117**

**IF questions please call Sharon Marlow 540-272-0202 or e-mail marlows24@yahoo.com**