

COVER PAGE
The Judy Moore Memorial Scholarship Endowment
A NC Community Foundation Scholarship
(A scholarship made available for registered nurse students.)
2018

The Judy Moore Memorial Scholarship Endowment Fund Committee announces the opening of the application period for the Judy Moore Memorial Scholarship. The Scholarship Program was established in 1997 to honor Judy Moore who was killed in a tragic accident in 1996. A resident of Macon County, Judy was an inspiration to both nurses and patients in her role as a Community Health Nurse III and as an OB-GYN Nurse Practitioner. She was dedicated to the field of nursing and to the continuation of the learning process through nursing education. At least \$1000 in scholarship money will be made available for the year of 2017. The completed application has to be received by the committee by **Wednesday June 6, 2018** for both undergraduate and graduate scholarships. Incomplete applications will not be considered.

The scholarship awards are merit based with the eligibility as follows:

- Resident of Macon County
- Demonstrated scholastic ability
- Demonstrated leadership ability
- Demonstrated financial need
- Successful completion of the first semester nursing courses
(RN Program)
- Submission of written application
- Submission of sealed letters of reference (see instructions) and official current transcript

For more information about this scholarship contact:

Scholarship Committee
c/o Anne Hyder
571 Howard Branch Rd
Otto, NC 28763
gigi5144@gmail.com
828-524-6564

or the Financial Aid Office at the college of your choice

or <http://www.nccommunityfoundation.org/section/grants>

The Judy Moore Memorial Scholarship Endowment

A NORTH CAROLINA COMMUNITY FOUNDATION SCHOLARSHIP
APPLICATION FOR ASSISTANCE for REGISTERED NURSE STUDENTS

APPLICATION INSTRUCTIONS:

- I. Mail completed application (form attached) and all supporting documents to the Scholarship Awards Committee so that all data is received by **June 6, 2018**. Please make and keep a copy of all of these documents. Mail original of the documents to:

Scholarship Committee
c/o Anne Hyder
571 Howard Branch Rd
Otto, NC 28763
or email gigi5144@gmail.com
828-524-6564

You can expect to receive acknowledgement of the receipt of these documents and further instructions by Wednesday **June 20, 2018**.

- II. An application should not be submitted until the successful completion of the first semester of nursing courses (for RN's) has been completed.
- III. All applicants presently enrolled in undergraduate schools must submit a current official (submitted by the school and sealed) transcript from each institution attended reflecting all course work.
- IV. All applicants are requested to provide any information or documents that are pertinent to the request for assistance, showing church, school, and community involvement.
- V. All applicants are requested to provide four sealed letters of reference with your application, for example- your nursing instructor, community leaders, HOSA teacher, etc- at least one reference should be from your current employer. If not currently employed, only three sealed letters of reference will be required.
- VI. The financial information requested in this application will be treated confidentially and will be reviewed only by members of the Scholarship Committee and the Community Foundation.
- VII. Recipient of scholarship agrees to allow the committee to arrange media coverage of this award.
- VIII. Previous applicants or recipients may reapply.

1. Name: _____
Last First Middle

2. Home Address: _____
Street City State Zip

3. Male _____ Female _____ Date of Birth _____ Phone (h) _____
Phone (c) _____ Email address _____

4. Funds are sought for attendance at _____
College or Secondary School
Contact information for financial aid office – ie name / phone number / web site etc

Student # _____

5. Financial information to be completed by all applicants:

Applicant employment:

Past places of employment and length of time employed:

1. _____ Reason for leaving: _____
2. _____ Reason for leaving: _____
3. _____ Reason for leaving: _____

Current place of employment and length of time employed:

1. _____
Number of hours worked per week: _____

Father, stepfather, guardian, spouse (circle one)

Name _____
Employer _____
Occupation _____
Total annual income (before Taxes, including social security, alimony, child Support, pensions, etc.) \$ _____

Mother, stepmother, guardian, spouse (circle one)

Name _____
Employer _____
Occupation _____
Total annual income (before Taxes, including social security, alimony, child Support, pensions, etc.) \$ _____

How many persons (children, relatives) are dependent upon this income? _____
How many dependents will be enrolled in higher education next year? _____

FINANCIAL WORKSHEET

Student's estimated personal income during the next school year: \$ _____
Total cash on hand for personal use (checking, savings accounts): \$ _____
Total annual Social Security Benefits available for your use: \$ _____
Total annual expected contribution from Parent/Guardian/Spouse/Other: \$ _____
Student scholarships and loans already awarded for next year: \$ _____
Total Yearly Income: \$ _____

Yearly Expenses:

Tuition and Fees \$ _____
Books \$ _____
Supplies \$ _____
Room and Board \$ _____
Transportation \$ _____
Other Expenses (itemize) \$ _____
\$ _____
\$ _____
\$ _____
Total Yearly Expenses \$ _____

Please explain any extraordinary expenses _____

6. Career Goal _____ Expected Major _____

7. List all extracurricular activities, honors and awards _____

8. Provide any additional information which will help the Committee in reviewing your scholarship needs _____

I declare that all information reported is true, correct and complete. I shall provide, on request, an official photostatic copy of my (our) latest US Income Tax Return for the purpose of verifying the information reported.

If I am selected to receive this scholarship I give permission for the academic institution I am attending to release information to the Scholarship Committee about my enrollment, grades, and current status within the nursing curriculum and within the institution.

Student Signature _____ Date Completed _____

Signature of Parent or Guardian if Applicant is a Dependent:
