

SCHOLARSHIP INFORMATION

NAME

Bill and Jerry Brady Memorial Scholarship

PURPOSE

To provide educational opportunities for those who have been accepted into the nursing program at North Central Michigan College.

ELIGIBILITY CRITERIA

Must be accepted into the nursing program at North Central Michigan College

SELECTION CRITERIA

- Proof of acceptance into nursing program (copy of acceptance letter)
- A one page personal statement that discusses what inspired the applicant to study nursing and an explanation of their future plans and goals.
- Financial need will be evaluated based on the Federal Student Financial Aid Program (FAFSA form indicating Estimated Family Contribution (EFC)).
- Applicants will be evaluated on their academic performance, financial need, work ethic, community involvement and personal statement.

AWARD

One \$500 scholarship is available to be awarded.

SCHOLARSHIP DEADLINE

Applications are due by June 30th or the next business day if it falls on a weekend, decisions will be made in early July.

Applicants must submit one original and two copies of all application materials.

Completed application packets must be returned to:

Virginia Panoff Financial Aid Office North Central Michigan College 1515 Howard Street Petoskey, MI 49770



Giving Back. Moving Forward.

BILL AND JERRY BRADY MEMORIAL SCHOLARSHIP APPLICATION FORM

| Use additional sho | eets if space provided is not sufficient. All information w | ill be kept strictly confider | ntial. | |
|--|---|--|--|--|
| APPLICANT NAME: | | | | |
| Last | | Mic | Middle Initial | |
| ADDRESS: | | | | |
| ADDRESS:Street | City | State | Zip | |
| TELEPHONE: | E-MAIL ADDRESS: | | | |
| LAST LEVEL / SEMESTER COMF | PLETED (e.g. sophomore / 2 nd semester): | | | |
| include the amount of time to | nt and volunteer work you participated in which at you dedicated to each activity (hours/moster) your list on a separate sheet. | | | |
| Organization & Activity | | Tim | Time Spent | |
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| while in college. You will also and the duration of your employ have not been employ | y involvement that you listed above, please inc need to include the average number of hour ployment. If you need additional room, please yed while in school, please attach a separate e of the classroom (Ex: raising a family, addition | rs that you have worl e attach your list on o piece of paper indic | ked each week a separate sheet. cating how you | |
| Orgo | anization & Activity | | urs/Week & yment Years | |
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PERSONAL STATEMENT:

In one typed page or less, attach a personal statement that discusses what inspired you to study nursing and an explanation of your future plans and goals.

FINANCIAL NEED:

Please attach the submission confirmation page from your recent FAFSA form, indicating your EFC number (Estimated Family Contribution).

PROOF OF ACCEPTANCE:

Please submit with your application a copy of your letter of acceptance into an accredited post-secondary nursing program.

TRANSCRIPT:

Please submit with your application an official copy of your latest academic transcript. This will be used to verify your Cumulative Grade Point Average (GPA).

CERTIFICATION:

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of information will exclude me from scholarship consideration.

| Applicant Signature | Date |
|---------------------|----------|
| | |

DEADLINE:

Completed applications must be received by June 30th, or the next business day if it falls on a weekend. Applicants must submit one original and two copies of all application materials.

SUBMISSION:

Mail the original application with attachments and two complete copies to:

Virginia Panoff Financial Aid Office North Central Michigan College 1515 Howard Street Petoskey, MI 49770