



SCHOLARSHIP INFORMATION

NAME

Peggy Carey Northway Nursing Scholarship

PURPOSE

To provide educational opportunities for those living in the Munson Healthcare Charlevoix Hospital service area who have been accepted into an accredited post-secondary nursing program.

ELIGIBILITY CRITERIA

- Must reside in the Munson Healthcare Charlevoix Hospital service area
- Must be accepted into an accredited post-secondary nursing program
- Cumulative GPA must be in the range of 2.0 – 4.0

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.
- Two (2) letters of recommendation supporting the applicants' dedication to the program and work ethic, one must be submitted from a past professor and the other is open to any non-relative (preferably a professional reference).
- If applicable, a short explanation indicating special financial circumstances.
- Applicants will be evaluated on their academic performance, personal statement, letters of recommendation, community involvement and volunteerism and any special financial circumstances.

AWARD

One (1) \$1,000 scholarship. The previous year's recipient will be considered for a second year, if no other applicants apply and the previous recipient is still eligible.

SCHOLARSHIP DEADLINE

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

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

Completed application packets and both letters of recommendation must be returned to:

Esther Collis
Munson Healthcare Charlevoix Hospital
Attn: Administration
14700 Lake Shore Drive
Charlevoix, MI 49720



Giving Back. Moving Forward.

**PEGGY CAREY NORTHWAY NURSING
SCHOLARSHIP APPLICATION FORM**

DUE: June 30 (Or the next business day if it falls on a weekend)

Use additional sheets if space provided is not sufficient. All information will be kept strictly confidential.

APPLICANT NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ E-MAIL ADDRESS: _____

NURSING COLLEGE YOU ARE PLANNING TO ATTEND/ CURRENTLY ATTEND: _____

COURSE OF STUDY: MAJOR _____ MINOR _____

LAST LEVEL / SEMESTER COMPLETED (e.g. sophomore / 2nd semester): _____

CUMULATIVE GPA: You must be in the range of a 2.0 – 4.0 GPA to qualify, are you in that range? ☐ YES ☐ NO

COMMUNITY INVOLVEMENT & VOLUNTEERISM:

List all community involvement and volunteer work you participated in over the past three years. You will also need to include the amount of time that you dedicated to each activity (hours/month and years involved). If you need additional room, please attach your list on a separate sheet.

Organization & Activity	Time Spent

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.

LETTERS OF RECOMMENDATION:

You must include two (2) letters of recommendation supporting your dedication to the program and work ethic. One letter must be submitted from a past professor and the other is open to any non-relative (preferably a professional reference). Letters can either be submitted with the application, or sent in directly from the recommender to Faye Parrish (as listed at bottom of application) by the application deadline.

SPECIAL FINANCIAL CIRCUMSTANCES:

If applicable, please attach a short explanation indicating any special financial circumstances.

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 and both letters of recommendation 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:

Esther Collis
Munson Healthcare Charlevoix Hospital
Attn: Administration
14700 Lake Shore Drive
Charlevoix, MI 49720