



Midatlantic Cardiovascular Foundation, Inc. Nursing Scholarship Application 2009-2010

The Midatlantic Cardiovascular Foundation, Inc. Nursing Scholarship will provide financial assistance to qualified applicants studying nursing in an accredited school, college or university. Available to full/part time students enrolled in Associate or Baccalaureate nursing degree programs.

The Midatlantic Cardiovascular Foundation, Inc. will award up to 5 (five) scholarships not to exceed \$5,000.00 each.

Applicants must meet the following criteria of eligibility:

- Currently accepted or enrolled in an accredited program in nursing
- Resident of Maryland
- Verifiable financial need
- GPA of 3.4 or higher in prior educational work
- Provide 3 letters of reference which indicate scholarship, compassion and potential for success in the practice of nursing. One of the three letters of reference must be a personal letter of reference.

Priority given to:

- Those currently enrolled in an accredited nursing program
- Plan to practice nursing in Maryland after graduation
- Intention to pursue a career in cardiovascular or critical care nursing

Application Deadline: April 30th, 2009

- Finalists will be interviewed by the Midatlantic Cardiovascular Foundation, Inc. board member or officer
- Scholarship recipient will be notified by letter
- Awards will be granted approximately July 1st 2009
- Scholarship check will be issued to school, college, or university

Applicant last name:

First name:



**Midatlantic Cardiovascular Foundation, Inc.
Nursing Scholarship Application
2009-2010**

Name: _____ Social Security #: _____
Address: _____

Daytime Phone: _____ Evening Phone: _____
e-mail address: _____

School/College/University: _____
School Address: _____
Phone: _____

Degree Program: Associate Degree Baccalaureate Degree
Semesters Completed: _____
Semesters Remaining: _____
Current GPA (copy required): _____

Enrollment: Full-time Part-time
Number of credits per semester: _____

Employer, supervisor name, address and phone number:

Employed: Full-time Part-time

References (3) with addresses and phone numbers:

Student's Signature: _____ Date: _____

Applicant last name:

First name:



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Applicant Financial Information**

Sources of income for the academic year in which you are seeking scholarship funds:

SOURCE OF INCOME	ANNUAL AMOUNT	SPECIFY SOURCES
Scholarships		
Educational Loans		
Military Aid		
Applicant Salary		
Spouse/Parent(s) Income		

Total household annual income: \$ _____

Number of persons dependent on income: _____

Anticipated expenses for the academic year in which you are seeking scholarship funds:

EXPENSES	ANNUAL AMOUNT	COMMENTS
Tuition		
Books/fees/supplies		
Room/board		
Transportation		
Child care		
Other		

In making this application to the Midatlantic Cardiovascular Foundation, Inc., I understand the scholarship will be awarded for one year on the basis of need and without regard to race, color, national origin, religion, sex, age, handicap or veteran status. I understand that my award will be subject to the results of a background check. Further, I understand qualifications for receiving a scholarship include that I be a student in good standing at an accredited school, college, or university. If I wish to be reconsidered for a scholarship in subsequent years, I must reapply.

(Signature of applicant)

(Date)

Applicant last name:

First name:



**The Midatlantic Cardiovascular Foundation Inc.
Nursing Scholarship Application
2009-2010
APPLICATION CHECKLIST**

Five page application completed in full

3 letters of reference

Copy of official (and most recent) transcript reflecting
GPA

Photocopy of Drivers License

**Please return all five pages of this application
by April 30th, 2009 to:
Midatlantic Cardiovascular Foundation, Inc.
Scholarship Committee
61 E. Padonia Road
Timonium, MD 21093**

Applicant last name:

First name: