The Catherine Boyd Spell Nursing Foundation is currently offering a merit scholarship. To qualify, the nursing student must be a resident of, or attend a school of nursing located within the geographical area comprised of New Hanover, Brunswick, and or Pender counties with an overall 3.0 GPA.

A scholarship for $1,000.00 will be awarded. Applications will be reviewed and judged by the members of the scholarship committee, utilizing a point system. The scholarship will be awarded at the Nurses Day Celebration at UNCW on Tuesday, May 7th, 2019. Recipients will be notified by email in advance.

To be eligible, candidates must:
A) Be a nursing student in your clinical component of a Practical Nursing (PN) Diploma, AND have a current overall 3.0 GPA as recorded on an Official transcript issued by the College AND
B) Be a resident of either New Hanover, Brunswick, or Pender County OR
C) Be enrolled in the clinical component as a nursing student in a PN program in a nursing school located in New Hanover, Brunswick, or Pender County

To apply for the Catherine Boyd Spell Nursing Foundation Scholarship:
1. Fill out the attached application form completely. Make sure each answer is numbered respective to each question, and answered fully. Submit answers on additional TYPEWRITTEN, DOUBLE SPACED 12 font pages, clearly identified with the last 4 digits of your social security number on the top of each page. Attach additional pages to your application as needed.

2. Request an OFFICIAL transcript from your school of nursing. This transcript is documentation of your GPA and verification of current enrollment. Enclose the SEALED OFFICIAL transcript with your completed application. All deadlines apply!

3. Submit one letter of reference from a nursing or allied health professional (instructor, supervising colleague, or associate) supporting your qualifications as an applicant. You must submit this with your application. All deadlines apply!

ALL REQUESTED MATERIAL MUST BE POSTMARKED BY APRIL 9th, 2019 !!

MAIL TO: Catherine Boyd Spell Nursing Foundation Scholarship
            C/o Jayne S. Gee
            5106 Pine Street
            Wilmington, NC 28403

CONTACT INFO: 910-791-4782, Email: cbspellnursing@aol.com, Website: www.cbsnursingfoundation.org
CATHERINE BOYD SPELL NURING FOUNDATION

SCHOLARSHIP APPLICATION

PLEASE PRINT CLEARLY

NAME ____________________________
LAST 4 DIGITS of SS # ____________________________ E-mail ____________________________
FULL ADDRESS ____________________________ ____________________________ ____________________________ ____________________________
PHONE (Home) ____________________________ (Cell) ____________________________ (Other) ____________________________
SCHOOL ____________________________
DIPLOMA BEING SOUGHT ____________________________ WAS OUR WEBSITE VISITED? ____________________________
EXPECTED GRADUATION DATE ____________________________ GPA (PER TRANSCRIPT) ____________________________
ARE YOU RECEIVING ANY AWARDS OR SCHOLARSHIPS? Please specify type and amount ____________________________
ARE YOU RECEIVING TUITION REIMBURSEMENT FROM EMPLOYER? Please specify amount ____________________________

*** ENSURE TRANSCRIPT AND LETTER of RECOMMENDATION HAVE BEEN ENCLOSED ***

*** PLEASE NUMBER AND RESPOND TO THE FOLLOWING 3 QUESTIONS INDIVIDUALLY ON ADDITIONAL DOUBLE SPACED, TYPEWRITTEN, 12 FONT, PAGES AND ATTACH TO YOUR APPLICATION. USE ONLY YOUR PARTIAL SOCIAL SECURITY NUMBER (LAST 4 DIGITS) AS IDENTIFICATION ON TOP OF ALL PAGES ***

1. **Specifically discuss** your short and long-term goals as they relate or will relate to your nursing career and continued education.

2. The committee wants to obtain a sense of how you would address a significant issue facing nursing. Select one of nursing’s current issues and **discuss** your ideas about the topic, and include what contributions you have made, or would like to see made in this area.

3. Please give the scholarship committee additional reasons why this scholarship should be awarded to you. Include evidence of (1) scholastic accomplishments, (2) activities in professional and/or community organizations, (3) community service, (4) leadership capabilities, and/or, (5) financial needs. Feel free to include any other information you think is applicable.

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TO BE ELIGIBLE FOR CONSIDERATION **