

RMM Camp Nurses Scholarship

The Application Process

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- #1. Fill out an **application** for scholarship
- #2. Attach a copy of the **letter of acceptance** from the school/university you plan to attend.
- #3. Submit an original **essay**: one page, as described below

The Essay

I am looking for a 3 paragraph essay, one paragraph devoted to summarizing each of these points: your family, yourself, and your career goals.

Your Family: Write a narrative describing your family; include who lives with you, number of siblings, and members of your extended family. What is your home life like? What are the daily challenges for you and your family?

Yourself: How well did you do in high school? What were your involvements? (activities-sports-volunteer projects, etc.) What did you excel at? What-if any-awards did you receive? This is an opportunity for you to brag about your accomplishments!

Your Career Goals: Where will you be attending college/nursing school or other? What type of job do you hope to do after graduation? How will this education enable you to make a difference to your family and your community? Essentially, why should **you** be awarded this scholarship?

Scan complete application, acceptance letter and essay and email to:

Peggy Andreas, RN
Pandreas510@gmail.com

Application Form
RMM CAMP NURSES SCHOLARSHIP - 2019

Section 1 Demographic information

Your Name: _____ D.O.B. ___/___/_____ Age: _____

Your Email address: _____ Cell #: (____) _____ - _____

Mailing address: street _____ city/town _____ state _____ zip _____

Name of parents: _____
brothers and sisters: _____

Have you attended RMM overnight camp? Yes No How many years? _____
Are you *presently* a member of YAG, YEG or JOY? If yes, please circle. If previously, when? _____
Name of high school you attended: _____
(Expected) Date of Graduation: _____
Have you been accepted to: a school of nursing, allied health program, or college? Yes No
Name of College or Nursing School you have been accepted to _____
Location/address: _____ city/state _____

Date classes begin _____ Year you expect to graduate _____.

***You must attach a copy of your acceptance letter to this application.**

Section 2 References

List 2 references we may contact for a reference, not a relative to you, **not** affiliated with RMM.
Provide name, contact information, and relationship to you (teacher, minister, counselor, etc).

1). _____ () _____ - _____
name day time phone number

email address _____ relationship to you _____ years known _____

2). _____ () _____ - _____
name day time phone number

email address _____ relationship to you _____ years known _____

Forward completed documents to: Peggy Andreas RN, BSN

pandreas510@gmail.com

*Remember to submit **ALL** requested information: copy of acceptance letter, completed application form including references, and essay. All applications will be reviewed by the Camp Nurses Scholarship Committee. Awards are presented in August at overnight camp.