

April 1st

Berks County School Health Association 2024 Future Nurse Scholarship Application

2 - \$750 SCHOLARSHIPS

Complete the following and mail entire application to (print legibly or type):

Mrs. Mary Beth Feeg, RN, CSN, MEd
Reading Muhlenberg CTC
2615 Warren Road
Reading, PA 19604

1. Name: _____
2. Address: _____

3. Phone: _____
4. Parent/Guardian Phone: _____
5. Applicant's Personal Email (not school): _____
6. High School: _____
7. Address: _____
8. College Name: _____
9. Anticipated Entry Date: _____

The following items must be included with your application:

- One copy of your current OFFICIAL high school transcript which must include 1st semester senior year grades & GPA.
- A copy of your college acceptance letter. (Preferably indicating nursing program acceptance)
- A list of your co-curricular, extra-curricular and community service activities/organizations (Please use attached form).
- A **one-page**, double-spaced, (12 font, Times Roman) personal statement on ***your commitment to pursue the profession of nursing and what nursing means to you.*** Please include any extenuating circumstances or a need of which the committee should be aware.
- Two letters of reference: one from a high school faculty member and one from a non-relative who has known you outside the classroom for at least three years. Letters from classmates or peers will not be accepted.
- NOTE: there is a strong emphasis on the personal statement. It is highly recommended to stay focused on the topic and to ensure that you are following the format instructions to optimize your score.

YOUR APPLICATION MUST BE POSTMARKED BY APRIL 1st

Questions: please email mfeeg@rmctc.org

There is a scholarship award dinner provided for the awardee and two family members at the end of April.
Details will be sent to the scholarship recipients.

SCHOLARSHIP APPLICANT STUDENT RESUME

APPLICANT #
FOR COMITEE USE ONLY

Applicant Name: _____

Instructions:

List any school, community and church activities in which you have been involved in the last four years.

Each activity can only be listed in one area.

Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable).

School Activities	Timeframe Month(s) & Year(s)	FR SO JR SR	Total # Hours (per week/month/year)
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Community & Church Activities	Timeframe Month(s) & Year(s)	FR SO JR SR	Total # Hours (per week/month/year)
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Work Experience/ Clinical Experience (i.e. BCTC Programs, Reading Hospital Medical Explorers)

Employer	Position	Dates of Employment	Average Hours Worked Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Optional: Please provide a brief description of your duties and responsibilities for each experience that may not be self-explanatory. This is especially useful if the activity or experience is unique to you or your school:

USE REVERSE SIDE ONLY IF ADDITIONAL SPACE IS NEEDED.

Average Hours
Worked Per Week

