

SAIDIE ORR DUNBAR NURSING SCHOLARSHIP APPLICATION

Must be received or postmarked by May 31, 2019

Name:	
Address:	
Phone:	
Email:	

Present Program of Study

Institution:	
Major Area of Study:	
Clinical Area (specialization):	
Date Program Was Started:	
Date Program Will Be Completed:	

Required Information For Application

Applicant must have been accepted into a nursing program and have an average GPA of at least 3.0.

NOTE: This application will not be considered if any of the following items are missing.

1. CURRENT CURRICULUM VITAE (Resume)
2. TRANSCRIPTS OF UNDERGRADUATE WORK COMPLETED (if applicable)
3. ACCEPTANCE LETTER FROM NURSING COLLEGE
4. FINANCIAL STATEMENT

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INCOME: Please list all incomes available to you during your course of study per calendar year

Earned income from employment	\$
Interest income	\$
Income from spouse, family or significant other	\$
Grant, loan and/or scholarship	\$
Other:	\$
Total Income:	\$

NUMBER OF DEPENDENTS: _____

EXPENSES: Please list all expenses on a monthly basis

Rent or House payment	\$
Total credit card and/or installment payment	\$
Name of Account: _____	
Name of Account: _____	
Name of Account: _____	
Name of Account: _____	
Other living expenses (meals, transportation, utilities)	\$
Tuition (per month on average)	\$
Books (per month on average)	\$
Other:	\$
Total Monthly Expenses	\$

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Briefly describe your need for a scholarship:

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REFERENCES

Three written letters of reference - one from a faculty member, principle or dean and two from employers or teachers. List names, addresses and phone numbers for the attached references.

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

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GOALS:

PROFESSIONAL OBJECTIVES: Please be specific about short term and long-term career goals after you graduate. Do you have a particular type of position in mind? If so, please describe. Where do you hope to practice? Explain how the academic preparations you are pursuing will prepare you to meet these stated goals.

ACADEMIC PLAN: Total number of credits in program and estimated length of time required with present financing. Indicate research requirement, if appropriate. Include any changes to the time frame if scholarship fund is available.

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Please share your beliefs and values about nursing and health

Mail Applications To: Saidie Orr Dunbar Nursing Education Fund
c/o American Lung Association in Oregon
16037 SW Upper Boones Ferry Rd, Ste 165
Tigard, OR 97224

FAXED APPLICATIONS WILL NOT BE ACCEPTED

**INCLUDE IN YOUR PACKET ALL REQUIRED REFERENCES,
TRANSCRIPTS AND PAPERS**

If you have questions contact: American Lung Association in Oregon
Tiffany.Belser@lung.org or 503-718-6141

All grants awarded based upon available funds. Funding is dispersed to college of choice, not applicant.

