

SAIDIE ORR DUNBAR NURSING SCHOLARSHIP APPLICATION

Must be received or postmarked by May 31, 2017

Name: _____

Address: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Work 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.

A. 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: Include with detail the following:
 - A. INCOME: Please list all incomes available to you during your course of study.

- ◆ Earned income from employment per calendar year \$ _____
- ◆ Interest income per calendar year \$ _____
- ◆ Income from spouse, family or significant other per calendar year \$ _____
- ◆ Grant, loan and/or scholarship income per calendar year \$ _____

Please list below all individual sources of income:

TOTAL INCOME \$ _____

B. NUMBER OF DEPENDENTS: _____

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C: EXPENSES: Please list all expenses on a monthly basis Monthly Payment.

- ◆ Rent or House Payment \$ _____

- ◆ Total Credit Card and/or Installment Payments
Name of Account
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

- ◆ Other Living Expenses (meals, transportation, utilities) \$ _____

- ◆ Tuition (per month on the average) . \$ _____

- ◆ Books (per month on the average) \$ _____

- ◆ Office Supplies & Photocopying (educational requirements) \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

D. BRIEFLY DESCRIBE NEED FOR SCHOLARSHIP:

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4. 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.

A. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

B. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

C. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

5. GOALS

A. **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.

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- B. Please explain how you feel the accomplishment of your career goals will influence the future of health care in the State of Oregon.

6. ACADEMIC PLAN

- A. Total number of credits in program and estimated length of time required with present financing. Indicate research requirement, if appropriate.

- B. Please describe the changes in the time frame above if scholarship fund is available.

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7. 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
Bev.Stewart@lung.org or 503-718-6146

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

