



IDAHO COMMUNITY FOUNDATION

Margaret A. Plastino Memorial Scholarship for Idaho Nurses

Deadline: May 3rd

<u>Who Can Apply?</u>	<u>Required Application Materials</u>
<ul style="list-style-type: none">• Students who are currently enrolled or have been accepted into an accredited nursing program at Boise State University, Idaho State University, or Lewis-Clark State College;• Pre-licensure, RN to BSN, and graduate level students are welcome to apply;• Preference may be given to residents of Idaho.	<ul style="list-style-type: none">• Copy of your most recent unofficial college transcript;• A written statement (1-3 pages in length) addressing the following:<ul style="list-style-type: none">o Educational, career goals and objectives, including why you chose nursing as your career path;o Extra-curricular activities, volunteerism, awards, honors, and/or offices held;o Work experience and if you plan to work while attending college;o Why you should be selected for this scholarship;• One letter of reference from the higher educational institution you are attending.

Application Instructions:

- Complete pages 1 & 2 of this application and attach the *Required Application Materials* listed above.
- **Combine ALL materials into a single PDF attachment.** Google docs will not be accepted.
- Email completed PDF applications to scholarships@idahocf.org *no later than 11:59pm MST on May 3rd.* Late/Incomplete applications will not be considered.

APPLICANT INFORMATION

Your Name: _____

Mailing Address: _____

City/State/ZIP: _____

Permanent Address (if different than above): _____

Personal Email: _____

Cell Phone: _____

Date of Birth: _____

COLLEGE INFORMATION

Post-secondary Institution Name: _____

Estimated annual cost of attendance: _____

College Cumulative GPA: _____

Number of credits completed towards degree: _____

Anticipated date of graduation: _____

CERTIFICATION

By submitting this application (written or electronically) I consent to the gathering, use and releasing of my information by the Idaho Community Foundation as it relates to the funding of the scholarships. I understand the information is needed for the purpose of the scholarship payments and for normal business operations of the agency. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature (Typed or Written) _____

Date _____

If selected for a scholarship, you will be notified by email.

Questions?

Email scholarships@idahocf.org or call (208) 342-3535.