

Deadline: Friday, March 20th, 2026

St. Marys Nurses Study Club Scholarship

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\$500 each year, total of \$2,000

Who should apply?

Students planning and accepted into a registered nurse (RN) or licensed practical (LPN) program may apply for the scholarship.

Completed applications must include the following:

- Completed Application
- Copy of High School Transcript
- Completed letter of Agreement
- Copy of Acceptance Letter from Accredited Nursing Program
- Required Essay
- Resume

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ST. MARYS NURSES STUDY CLUB NURSING SCHOLARSHIP APPLICATION

Name: _____ Date of birth: _____

Home address:

Resides with: Both parents _____ Mother _____ Father _____ Other: _____

Father: _____ Mother: _____

Father occupation and place of employment: _____

Mother occupation and place of employment: _____

Number of dependent siblings in your household: _____

Number of dependent siblings in your household attending a tech/trade school or college/university:

High School you attend:

List any awards, honors, scholarships, prizes you have received:

List extracurricular activities, clubs, athletic teams, offices held, community service involvement, employment, and the number of years/grades you have participated.

What nursing program and type of program will you attend?

Have you applied for admission? _____ Have you been accepted? _____

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Desire for nursing (please include in typed essay):

- Why would you be a good recipient for this scholarship? How will you contribute to the field of nursing?

Letter of Agreement:

If I am awarded a scholarship from the St. Marys Nurses Study Club, it is my intention to complete my nursing education at an accredited school of nursing.

I understand the scholarship is contingent upon completion of the program of study in the field of nursing.

If I withdraw from the program or change my course of study to a major other than nursing, I understand I forfeit the scholarship and terminate any further payments.

I agree to notify the St. Marys Nurses Study Club if I no longer meet the requirements for the scholarship, change my major to a field of study other than nursing, or no longer am enrolled in a nursing program.

Printed name of Applicant:

Signature of Applicant:

Date:

Printed name of Parent/Guardian:

Signature of Parent/Guardian:

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Date:

I agree to notify the St. Marys Nurses Study Club: (circle one) Yes No

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