

2010 SHIRLEE M. PETERSON MEMORIAL NURSING SCHOLARSHIP

(One \$500 award given year 2010)

Trinity Lutheran Church is very pleased to offer the Shirlee M. Peterson Scholarship to members of Trinity Lutheran Church, Owatonna, Minnesota. This is an annual award to a nursing student planning to attend a post-high school educational institution, or for those who are already in a post-high school educational program. The educational institution may be private or public, and there is no restriction regarding location. An individual can be a recipient once in undergraduate studies or once during graduate studies.

Applications and references are due in the church office no later than May 28. Your application will be reviewed and the final award determined by the family of Shirlee Peterson. The selection process should be completed by June 15. The scholarship award will be made payable directly to the higher learning institution which must be identified by the recipient, and sent to the scholarship recipient for remittance to the learning institution. The scholarship is paid in one installment.

SCHOLARSHIP APPLICATION

Part I

Name of applicant: _____
(Please print) Last First Middle

Home address: _____

Telephone numbers: _____

Year of graduation from high school: _____

I wish to be considered for the Shirlee M. Peterson Memorial Nursing Scholarship. I will be a student at:

(Name of educational institution you will attend)

For the 2010-2011 academic year: _____ or _____
Grade (freshman, etc.) or Year (1st, etc.) Indicate if a college post-graduate

Have you received official notice of acceptance? _____

What course or program will you study? _____

Part II

FAMILY INFORMATION

Status: Single _____ Married _____ Other (indicate) _____

Complete this section as applicable to your status

Parent Information:

(circle correct parental status)

1. Name: _____
Occupation: _____
Employer: _____

Father Stepfather Legal Guardian

2. Name: _____
Occupation: _____
Employer: _____

Mother Stepmother Legal Guardian

3. Number of brothers and sisters currently living at home: _____

4. Number of siblings currently attending college or post-high school institution _____

If you (applicant) are married:

5. Name of Spouse: _____
Occupation: _____
Employer: _____

6. Number of children: _____

FINANCIAL INFORMATION

1. What employment have you had during your high school or post-high school years?

2. Do you plan to work during the upcoming school year? _____

3. What amount of financial aid have you already received or anticipate receiving for the 2010-2011 year?

\$ _____ work study \$ _____ loan
\$ _____ scholarship or grant \$ _____ parent/family
\$ _____ other (indicate): _____

4. Explain how you plan to finance your education (include parent or spouse support).

EDUCATION

1. The applicant ranks _____ in a class of _____.

2. Applicant's grade point average _____.

Part III

PARTICIPATION

List your service activities:

a. Church: _____

b. Youth Groups: _____

c. Volunteer Service: _____

d. Briefly describe your "gifts" – abilities, aptitudes, talents, strengths, and how you would like to use them to make a difference in the world in answering God's calling on your life.

Part IV

REFERENCES

Name two persons, one a teacher or other certified staff person and one a Trinity Church member who know you well.

<u>Names of References</u>	<u>Phone # of References</u>
_____	_____
_____	_____

To All Applicants:

Successful finalists may be required to be invited for a personal interview with the scholarship selection committee.

Application deadline: May 28, 2010

Return completed application to:

Shirlee M. Peterson Memorial Nursing Scholarship
Trinity Lutheran Church
609 S. Lincoln Avenue
Owatonna, MN 55060
Attn: Kathy Bloomquist – Parish Nurse

If awarded a Shirlee M. Peterson Memorial Nursing Scholarship, I shall enroll in the school I have indicated. I understand that any contemplated change in my plans must be presented to the selection committee of that scholarship for approval. Such approval must be obtained to enable me to qualify for this award. Amounts listed for scholarships are subject to change without prior notice.

I also understand that scholarships awarded must be claimed in the fall of that same year. Recipients of the scholarship's criteria will relinquish their right to the scholarship if they fail to comply with requirements.

Signed _____

Dated _____