Nursing Students Scholarship Instructions
2020-2021
Applications Due: March 20, 2020
Hyatt Smith Hall
Administration Center
Foundation Office-Room 111B

Purpose: The UW-Rock County Foundation, Inc. is fortunate to have received special contributions for a Nursing Scholarship program. We are grateful to these donors for their generosity and commitment to UW-Whitewater at Rock County students who are pursuing a nursing degree: Allen Trust, Burmester Charitable Trust, Cedar Crest, SSM St. Mary Janesville Hospital, and the Tallman Trust.

Scholarships: Scholarships will be awarded each year to outstanding nursing students. The awards will be divided equally between fall and spring semesters. Both full and part time students may apply.

Requirement: GPA 2.50

Application Process: Applicants must first be admitted as a UW-Rock County student with the intent to pursue a degree in nursing in order to be awarded a Foundation Nursing Student Scholarship. After you are accepted at U-Rock, you will be given a username and password from the university (continuing students will already have this information). Your university email is important to check every day as it is the communication tool for the Foundation and University. Students may download the application at: http://www.uww.edu/rock/community-outreach#Foundation

Presentation is very important. Proofread your application. Be sure it is complete and use correct spelling and grammar.

Ask for references early. Do not wait until a week or so before the due date to ask your instructors, faculty or employer to write a recommendation. Friend and relative recommendations will not be accepted. One recommendation must be from a teacher. Only current recommendations will be accepted.

The Foundation Office will begin accepting applications starting in February, 2020. —Application deadline will be Friday, March 20, 2020 by 12:00 p.m. Please email your completed application packet to rockfoundation@uww.edu or deliver your completed application packet in person to the Foundation Office in Hyatt Smith, room 111B. It is the responsibility of the applicant to make sure ALL necessary materials are submitted with the application by the due date. Returning UW-Whitewater students will be notified by email by the end of spring semester. Incoming Freshmen will be notified at their high school awards ceremony.
2020-2021 NURSING SCHOLARSHIP APPLICATION
DEADLINE: MARCH 20, 2020 by 12:00 p.m.

UW-Whitewater at Rock County admissions application MUST be completed before applying for the scholarship.

Late or incomplete applications will not be accepted.

APPLICANT:
Last, First, Middle: __________________________________________ Gender________
Home Address: __________________________________________________________
City: __________________ State: ______ Zip: ______ DOB: _________________
Phone: __________________ University email: _____________________________
Personal email: __________________________ University Student ID: ____________
High School: __________________________ Year graduated___________________
UW-Rock County: Accepted_____ Enrolled: _______ Are you a parent? ________
High School GPA: ________ College GPA_______ Major MUST BE NURSING_____

CHECK ONE: New student______ returning Student _________
CHECK ONE: Full-time_______ Part-time___________
PERMISSION: A review of transcripts is required to complete the awarding decision making process. Does the campus have permission to review your transcripts as part of the review process: Yes ________ No _________

REQUIRED TYPED ATTACHMENTS TO APPLICATION:
____ESSAY: Please submit a typewritten essay of approximately 350 -500 words that indicates your educational interests and goals and how a scholarship will impact your goals. Explain how your education and life experiences helped you develop those goals.

____AWARDS AND ACTIVITIES: Please submit, on a separate sheet of paper, a typewritten description of your awards and volunteer work from high school, college, employment and community. How was your involvement valuable? Volunteer contribution to your community is desirable.

TWO LETTERS OF RECOMMENDATIONS: Forms are provided at the end of the application. Provide names of current educators. Do not include family or friends.

1._______________________________________________
2.________________________________________________
2020-2021 NURSING SCHOLARSHIP APPLICATION
DEADLINE: MARCH 20, 2020 by 12:00 p.m.

I authorize the UWW-Rock County Foundation Scholarship Committee to share the information on this application and admission packet with those individuals and agents participating in the scholarship granting process and obtain verification of information from aforementioned individuals. I certify that the information provided is true, accurate and complete to the best of my knowledge.

Applicant’s Signature: ___________________________________________ Date: _______________

The UWW-Rock County Foundation does not discriminate on the basis of age, race, religion, creed, color, handicap, gender, sexual orientation, developmental disability, national origin, ancestry, marital status, arrest record or conviction of record in employment or in its scholarship program and activities as required by state and federal laws and regulations.
NURSING SCHOLARSHIP PROGRAM LETTER OF RECOMMENDATION

_________________________ is an applicant for a nursing scholarship at the UW-Whitewater at Rock County.

Please attach a separate page to evaluate the student. Please include the student’s present academic achievements and leadership qualities while enrolled on the campus and in the community during the 2019-2020 school year.

Signature & Title:

__________________________________________________________

Business address: __________________________________________Date:________

Recommendations must be received by March 20, 2020 by 12:00 p.m.

Mail to:
UW-Rock County Foundation
Sue Conley
Hyatt Smith Hall
2909 Kellogg Ave.
Janesville, WI. 53546
OR

Email: rockfoundation@uww.edu using the student’s name in the subject line

The Freedom of Information Act requires that this reference be made available to applicant upon request.

Optional Student Waiver: I waive my right to review this Letter of Reference.

Student Signature: __________________________________________Date:__________________
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