

CHARTERCARE FOUNDATION

Foundation Scholarship Application

For the academic year beginning in September, the Foundation will award a total of \$ (see website) in **nursing and continuing medical education** scholarships to RI residents. Applicants **MUST** be permanent Rhode Island residents, have demonstrated financial need, and maintain a 3.0 (B) average or above to qualify.

Applications accepted from high school seniors who are pursuing a healthcare major and **have been accepted** at accredited institutions; OR students **currently** enrolled in an accredited institution with a major in nursing, certified nursing assistant, or masters; OR students pursuing any of the following career paths: physician's assistant, dental hygienist, pharmacy technician, nurse anesthetist, CNA, phlebotomist, or other healthcare advanced training.

Preference given to students studying at RI Institutions.
(Please type or print legibly)

Applicant's Full Name _____

Address _____

City/State/Zip _____

Date of Birth _____ Cell # _____ Email*(required) _____

Please indicate your field of study (ie nursing, dental, etc.) _____

I am **currently** a _____ at _____
(freshman, junior, etc.) (name of school you are currently attending)

If you are a high school student, please indicate the name of the school you will be attending in the fall:

What degree are you seeking? _____

Please attach the following to your application:

- Most recent academic transcript
- Latest version of the Student Aid Report (SAR) (Check here if not applicable _____)
- Completed financial aid worksheet ([on our website under scholarships](#))
- Short essay (up to 300 words) about an experience or incident that changed your life OR why you have chosen this field; (note: essays weigh heavily in the review process)
- Optional: A recent, clear headshot, suitable for press releases should you be chosen as a recipient.

Please make sure your application is complete with all required attachments.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Once your application is submitted, it cannot be amended.

*Applicants will be notified by email – no phone calls, please.

Email your completed application to: grants@chartercarefoundation.org;

or mail to: Scholarship Committee, Chartercare Foundation, 7 Waterman Avenue, N. Providence, RI 02911