



**MOLLY B. HAWTHORN-MACDOUGALL MEMORIAL
NURSING SCHOLARSHIP
APPLICATION FORM SPRING 2013***

DEADLINE: March 1st

PLEASE TYPE OR PRINT IN INK AND RETURN TO THE NURSING DEPARTMENT

Established in 2010, the Molly B. Hawthorn-MacDougall Memorial Nursing Scholarship will be presented to a freshman nursing student. The scholarship will be used towards the student's tuition, fees and books for their senior year. Two \$1,000 scholarships will be presented on Award's Day.

Priority will be given to a student who:

- Has a financial need
- Exhibits excellent clinical skills and compassion
- Maintains a GPA of 2.0 or higher
- Projects awareness of Women's Health and Reproductive Issues in New Hampshire

Student ID _____

NAME:

Last _____ First _____ Middle _____

MAILING ADDRESS:

Street _____

City _____ State _____ Zip _____

County of Residence _____

TELEPHONE NUMBERS:

Home: _____ Mobile: _____

Work: _____ Ext. _____

E-mail Address: _____

***This scholarship relies on annual funding. Check each year on availability.**

Name: _____

Student Status: Part-time ____ or Full-time ____ As of now, how many credits have you earned? _____
Are you working? Yes ____ No ____ If Yes, Part-time ____ Full-time ____
Hours/Month _____ Hourly Wage? _____ Monthly Wage? _____
Have you applied for financial aid? Yes ____ No ____

List all estimated costs for next semester:

	COURSE TITLE	CREDITS	TUITION COSTS	BOOK COSTS
Course #				
Course #				
Course #				
Course #				
Course #				
	TOTAL			

STUDENT EXPENSES: Books: \$ _____ Tuition: \$ _____ Fees: \$ _____

On a separate piece of paper please explain/describe: (limit to 500 words)

1. How you are financing your education; please describe any special circumstances.
2. Your awareness of women's health issues in NH.
3. How you feel you can contribute in women's health.
4. Your future educational plans and career goals.
5. The qualities you exhibit that impact the lives of others.

TO BE SIGNED BY ALL APPLICANTS

I certify that I have read and agree with the above, and that all information provided herein is true and complete.

Signature of Applicant _____ Date _____

Return on or before March 1st to:

Department of Nursing ▪ NHTI-Concord's Community College ▪ 31 College Drive ▪ Concord, NH 03301

Award Notification: April 2013