

# **The Edith Cavell Nursing Scholarship Fund**

## **Philanthropy of the Dallas County Medical Society Alliance & Foundation**

For over fifty years, the DCMSA&F Edith Cavell Nursing Scholarship Fund has been awarding scholarships to exceptional nursing students in Dallas County. The scholarship was created in 1954 to offer financial support and professional mentorship to students with the understanding that best practice in medicine requires exceptional bedside nursing to achieve clinical success.

The Edith Cavell Nursing Scholarship Fund Board of Trustees will view all applications and award scholarships to fitting applicants with a dedication to bedside nursing in Dallas County. Scholarships are awarded Fall and Spring semesters and may be renewed for a total of four semesters, if the recipient continues to comply with the scholarship requirements.

### **All applicants and continuing scholars must:**

1. Make every effort to attend the DCMSA&F scholar recognition event held annually
2. Be a United States citizen and resident of Dallas County
3. Be a full-time student, taking a minimum of a 12 credit hours/semester
4. Be accepted/enrolled in an accredited baccalaureate nursing program in Dallas County
5. Demonstrate a need for the financial aid to pursue academic study
6. Maintain a cumulative GPA of 3.0

### **Application Requirements and Checklist:**

1. Completed application document
2. Letter of acceptance from Baylor or TWU College of Nursing
3. Current official transcript from the University
4. Letter of recommendation from an academic professor
5. Character reference from a non-relative
6. A photograph of the applicant you consent to allowing the DCMSA&F to share with its members and social media platforms

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## 2020-2021 Application

Full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_

Your marital status as of today: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Married date: \_\_\_\_\_

What will your grade level be in fall of 2020? J1, J2, S1 or S2? \_\_\_\_\_

Baccalaureate Nursing School of record: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

How did you hear about the Edith Cavell Nursing Scholarship? \_\_\_\_\_

Please list any family members, relatives and/or friends who are members of the Dallas County Medical Society Alliance & Foundation? \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Highest level of Education: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, Sate, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse Highest level of Education: \_\_\_\_\_

**Student Finances**

If you are employed, please share the number of hours you work per week, your employer, your position and a brief discussion of your job duties: \_\_\_\_\_

\_\_\_\_\_

What was your (and your spouse's, if applicable) *Adjusted Gross Income* for 2019?

\_\_\_\_\_

Please list any children and their ages that you support:

\_\_\_\_\_

Are you a veteran of the U.S. Armed Forces?

\_\_\_\_\_

**Academia and Awards and Personal Statements**

Please list all previously earned degrees or credits from colleges and universities not shown on your provided transcript:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors and Awards Received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Service and Volunteer Work:

\_\_\_\_\_

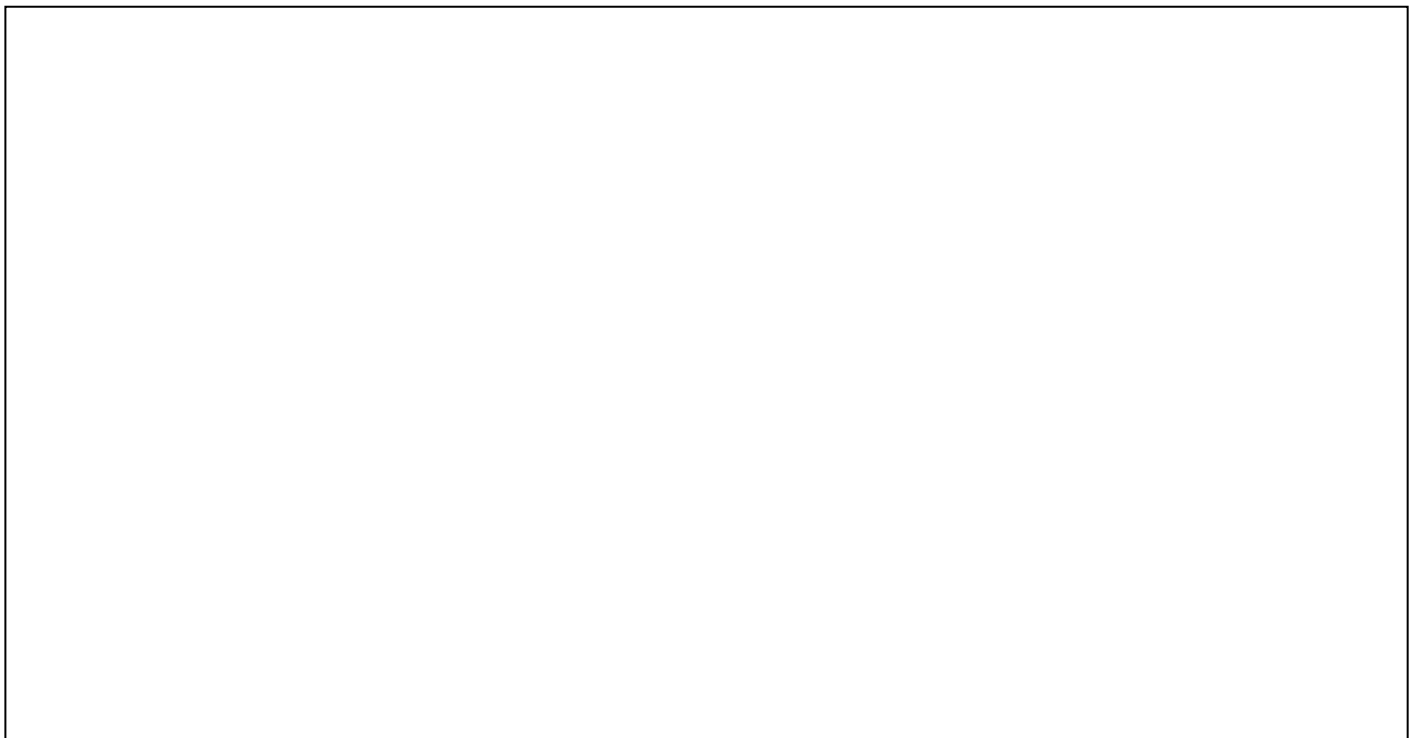
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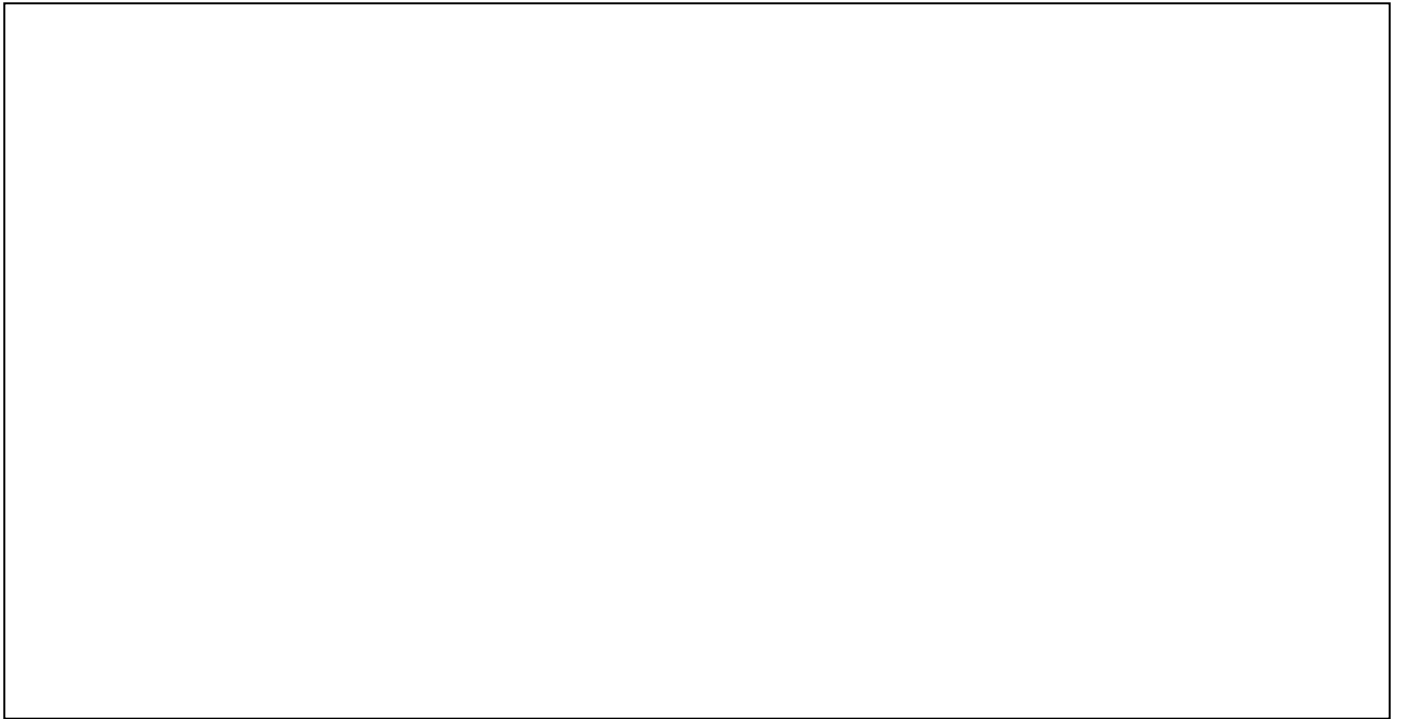
1. How and when did you become interested in the nursing profession?



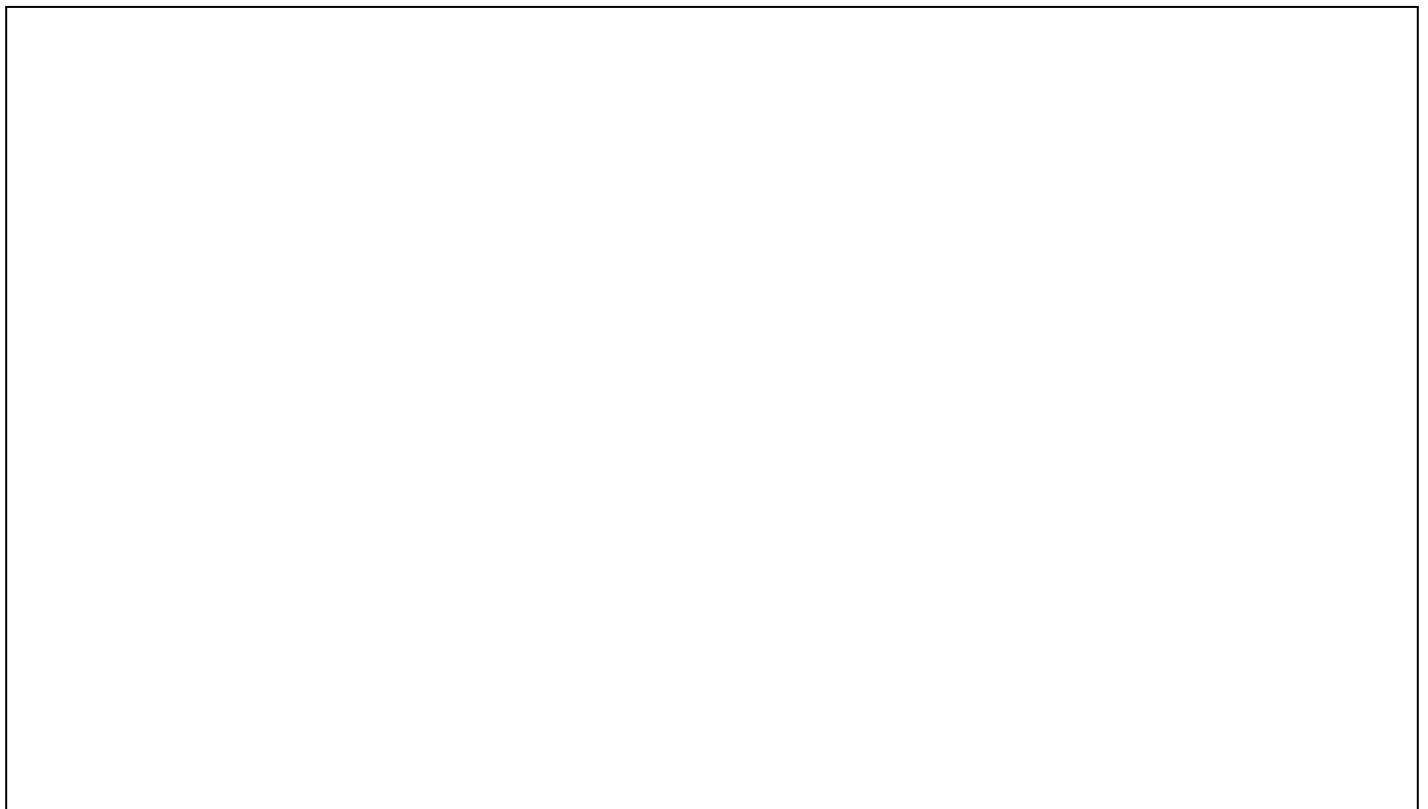
2. What appeals to you most about the field of Nursing?



**3. Discuss your goals for the future.**

A large, empty rectangular box with a thin black border, intended for the student to write their future goals.

**4. Please explain briefly your need for financial aid and why we should consider you for this Scholarship Award?**

A large, empty rectangular box with a thin black border, intended for the student to explain their need for financial aid and why they should be considered for the scholarship.

**I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for denial of the scholarship award. I understand that any information I give may be investigated.**

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Signature of Scholarship Applicant

Date

**Instructions:**

- Completed applications are due prior to June 15, 2020.
- Applicants will be notified by July 1, 2020 of scholarship awards.
- Checks will be mailed directly to the University.

For questions contact Mrs. Rachal Nettune 214-843-8981, [rachal.nettune@gmail.com](mailto:rachal.nettune@gmail.com)

**Submit applications to:** Mrs. Angie Kadesky  
5832 Lupton Drive  
Dallas, TX 75225

[kmkmd@aol.com](mailto:kmkmd@aol.com)

Emailed attachments must be submitted in a single email for easy printing. Thank you.