Dallas County Medical Society
ALLIANCE FOUNDATION

The Edith Cavell Nursing Scholarship Fund

Philanthropy of the Dallas County Medical Society Alliance Foundation

Since 1954 the Dallas County Medical Society Alliance Foundation (DCMSAF) Board of Trustees of the Edith Cavell Nursing Scholarship Fund has been awarding scholarships to exceptional Baccalaureate nursing students in Dallas County. The scholarship was created 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, reviews all applications and awards scholarships to applicants demonstrating a dedication to bedside nursing in Dallas County. Scholarships are awarded in the late spring/summer for the Fall and subsequent semesters if the recipient continues to comply with the scholarship requirements and will be renewed for no more than a total of four semesters. Additionally, scholarships may be awarded to scholars in the late spring/summer becoming effective with the spring semester taking into consideration the semester they will enter a Baccalaureate nursing program.

All applicants and continuing scholars must:

1. Hold United States citizenship
2. Be accepted/enrolled in an accredited Baccalaureate Nursing program in Dallas County
3. Be a full-time student, taking a minimum of a 12 credit hours/semester, or, a full-time student as designated by the nursing program in which enrolled
4. Reveal/describe the need for the financial aid to pursue academic study
5. Present with/maintain a cumulative GPA of 3.0
6. Attend the DCMSAF annual scholar recognition event if schedule permits

Application Requirements and Checklist:

1. Completed application (available on DCMSAF website)
2. Acceptance letter from accredited baccalaureate nursing program in Dallas County
3. Current official transcript(s) from the University/Universities of record.
4. Letter of recommendation from an academic professor
5. Character reference from a non-relative
6. Current photograph with consent to allow the DCMSAF to share with its members and social media platforms

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Dallas County Medical Society Alliance Foundation (DCMSAF)

Edith Cavell Nursing Scholarship Fund Application

Full Legal Name: _____

Date of Birth: _____

Current Address: _____

Preferred Mailing Address: _____

Preferred Phone Number: _____

Email Addresses (list in order of preference): _____

_____

United States Citizen: Yes _____ No_____ State of Legal Residence: _____

Marital status: _____

Grade level for which applying for financial assistance: J1, J2, S1, S2, Other

Semester(s) applying for financial assistance *(Note if enrolled in a modified semester program):

_____

Dallas County Baccalaureate Nursing School of Record: _____

Date entering/entered Baccalaureate Nursing Program: _____Cumulative GPA: _____

Anticipated graduation date: _____

How did you hear about the Edith Cavell Nursing Scholarship?

_____

Please list immediate family members, relatives and/ or friends who are members of the DCMSAF:

_____

_____

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Family Information

Father's Name: _____

Highest Level of Education: _____

Profession/Occupation: _____

Mailing Address: _____

Phone: _____

Mother's Name: _____

Highest Level of Education: _____

Profession/Occupation: _____

Mailing Address: _____

Phone: _____

Spouse's name: _____

Spouse's Profession/Occupation: _____

Please list the number of children and their ages that you support:

Children: _____ Age(s): _____

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Finances/Employment

Employer: _____

Position/brief discussion of job duties:

_____

_____

_____

_____

_____

_____

Number of hours worked per week: _____

Your (and your spouse's, if applicable) last Adjusted Gross Income (indicate year): _____

Veteran of the U.S. Armed Forces: Yes_____ No_____

Academia, Awards, and Personal Statements

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

_____

_____

Honors and Awards Received:

_____

_____

Community Service and Volunteer Work:

_____

_____

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What inspired you and when did you become interested in the nursing profession?

What appeals/inspires you most about the field of nursing?

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Discuss your goals for the future.

Briefly explain your need for financial assistance and why you should be considered for this Scholarship Award?

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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.

Signature of Scholarship Applicant: _____Date: _____

Submit application and supporting documents no later than June 1st to:

libbylutrn@gmail.com

or

Mrs. Libby Luterman

6522 Forest Creek Drive

Dallas, TX 75230

(Please submit emailed attachments in a single email file when possible)

If enrolled in a program with non-traditional Fall/Spring semesters, please submit your completed application by June 1st followed by your transcript at the semester end.

Applications will be reviewed for those in a non-traditional semester with traditional semester applicants, however, IF selected for a scholarship the applicant will be granted tentative approval pending receipt of the semester end transcript as soon as the transcript is received.

Scholarship checks will be delivered or mailed directly to the University

For questions contact: Mrs. Libby Luterman, libbylutrn@gmail.com, 214-801-7256.