

CHARTERCARE FOUNDATION

Foundation Scholarship Application

For the academic year beginning in September, the Foundation will award a total of \$40,000 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.

Applications will be accepted thru March 31. (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 of 2021:

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 by 3/31.