

The Carol M. Scott Scholarship for Nursing



The Carol M. Scott Scholarship for Nursing has been established by the family of Carol M. Scott – an outstanding nurse for over 40 years and a contributing member of her community. It commemorates her life at Rock Hill Farm on Strathmore Road with her parents, Joy Brownell and Arthur Scott, and her siblings. It recognizes a lifetime of dedication to the nursing profession – mostly as a nurse working in labour and delivery, where she assisted in over 15,000 deliveries.

Mrs. Scott upgraded her credentials throughout her professional life to encounter the new challenges of her profession. It is with this image of dedication, perseverance and leadership that the scholarship was established.

The Carol M. Scott Scholarship of \$1,250.00 is awarded annually to a graduate of Tagwi Secondary School who successfully enters a program of nursing, pre-nursing, pre-health or one who wishes to advance their skills in the nursing profession.

The candidates must fulfill and complete all selection criteria to be considered for the scholarship.

The selection committee, composed of Carol's classmates and current nurses, will determine the recipient for the scholarship.

The Carol M. Scott Scholarship for Nursing



Eligibility Criteria

The eligibility criteria to be considered for the Carol M. Scott Scholarship for Nursing are as follows:

- ❖ Be a Tagwi Secondary School graduate
- ❖ Be accepted in a nursing, pre-nursing or pre-health program at college or university
- ❖ Have a strong commitment to pursue his/her a career in nursing, following the footsteps of Carol Scott.

Application Procedures

To be considered for the Carol M. Scott Scholarship for Nursing, students must submit the following documents by **June 1st, 2018 at Student Services**.

- ❖ The application form
- ❖ Two(2) letters of reference: one(1) from a family member and one(1) from a member of your community
- ❖ A letter from the student describing why he/she is a suitable candidate to receive the scholarship
- ❖ Proof of acceptance at a post-secondary institution in the nursing, pre-nursing or pre-health program
- ❖ An official Ontario Student Transcript



The Carol M. Scott Scholarship for Nursing



Application Form

1. Name of Applicant			
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	
Address			
<i>(Street/No)</i>	<i>(City/Town)</i>	<i>(Province)</i>	<i>(Postal Code)</i>
Date of Birth	Gender	E-mail address	
<i>(dd/mm/yyyy)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female		

2. Parent/Guardian Name			
<i>(Last)</i>	<i>(First)</i>	<i>(Relationship to Applicant)</i>	
Address			
<i>(Street/No)</i>	<i>(City/Town)</i>	<i>(Province)</i>	<i>(Postal Code)</i>

Name of Program	Name of Institution & Campus	Program Length	Annual Tuition Fees

4. Applicants Comments on Qualifications
(please provide short background comments under each heading)

A. Your academic interests, strengths, weaknesses

B. Your motivation to enter nursing

C. How do you show your concern for others?

D. List your participation in school and community activities

E. Do you have a part-time job(s) beside home and school; which responsibilities do you do at home?

F. What finances are available to fund your training for your nursing career?

Any comments you wish to make to help decide why you should receive this Award