



THE RHODE ISLAND FOUNDATION

Spring 2009 Scholarship Application

Albert E. and Florence W. Newton Nursing Scholarship

The Albert E. and Florence W. Newton Fund was established through the will of Mr. Albert E. Newton, an executive of the Central Lace Works, who passed away on May 19, 1968, to provide financial assistance to nursing students. Numerous scholarships covering partial or total cost of attendance will be given semiannually with awards renewable if the student maintains good academic standing.

SELECTION CRITERIA

In order to qualify as an applicant, you must meet the following criteria:

- Be studying nursing on a full-time or part-time basis (may also attend school out-of-state).
- Preference will be given to Rhode Island residents committed to practicing in Rhode Island.
- Able to demonstrate financial need.
- Be in one of the following categories:
 - 1) A registered nurse enrolled in a nursing baccalaureate degree program
 - 2) Student enrolled in a baccalaureate nursing program
 - 3) Student in a diploma nursing program
 - 4) Student in a two-year associate degree nursing program

The Rhode Island Foundation also administers the Edward J. and Virginia M. Routhier Scholarship for nursing students seeking a baccalaureate or graduate degree. Applicants should review the criteria for both scholarships to determine which one is more applicable to their situation, then apply for only one of the scholarships.

A COMPLETE APPLICATION INCLUDES:

- | | |
|---|--|
| <input type="checkbox"/> A completed application form (students who have already received funding for the 2008-2009 year should not apply at this time) | <input type="checkbox"/> One essay |
| <input type="checkbox"/> A copy of your financial aid award letter | <input type="checkbox"/> A copy of your most recent Student Aid Report |
| <input type="checkbox"/> A copy of your acceptance letter to the nursing program. | <input type="checkbox"/> A copy of your most recent income tax return |
| | <input type="checkbox"/> Your most recent official transcript or copy of on-line grade report. |

DEADLINE

Your application must arrive by **October 1, 2008** to be eligible for awards for the Spring 2009 semester. All applicants are evaluated using the same essential information. Please answer all requested items. Incomplete applications cannot be considered—if information is missing, we will not be able to make accurate judgments. Grants will be made on an objective, non-discriminating basis.

Please mail your application to: Libby Monahan
Newton Nursing Scholarship
The Rhode Island Foundation
One Union Station
Providence, Rhode Island 02903

Questions? Contact Libby Monahan at libbym@rifoundation.org or (401) 274-4564.

THIS APPLICATION CAN ALSO BE DOWNLOADED FROM OUR WEBSITE AT WWW.RIFOUNDATION.ORG



THE RHODE ISLAND FOUNDATION Spring 2009 Scholarship Application

Albert E. and Florence W. Newton Nursing Scholarship

(STUDENTS WHO ALREADY RECEIVED FUNDING FOR THE 2008-2009 YEAR SHOULD NOT APPLY)

A. STUDENT INFORMATION

Name: _____
last/first/middle initial *gender*

Social Security Number: _____ Birth Date: _____
month/day/year

Permanent Address: _____
street

city/state/zip

Phone Number: _____ Email Address: _____

DEPENDENT STUDENTS:

Parent, stepparent or guardian A: _____
name *age* *state of legal residence*

Parent, stepparent or guardian B: _____
name *age* *state of legal residence*

INDEPENDENT STUDENTS:

Spouse: _____
name *age* *state of legal residence*

OPTIONAL:

The following information will be used for statistical purposes only and will not be used to judge your application. Please complete this information as thoroughly as possible.

Race/Ethnicity (check no more than two boxes):

- | | |
|---|--|
| <input type="checkbox"/> African/African-American _____ | <input type="checkbox"/> Native American _____ |
| <input type="checkbox"/> Asian/Asian-American _____ | <input type="checkbox"/> White/Caucasian _____ |
| <input type="checkbox"/> Latino/Chicano/Hispanic _____ | <input type="checkbox"/> Other _____ |

Are you married? Yes No

Will you be the first person in your family to graduate from college (excluding siblings)? Yes No

B. ACADEMIC INFORMATION

Please attach an official copy of your most recent college transcript.

Post-secondary/graduate institution for which aid is requested: _____

In spring 2009, I will be a: Freshman /Sophomore /Junior /Senior (*circle one*) Expected graduation date: _____

Are you: Accepted /Enrolled /Awaiting a decision (*circle one*)

Enrollment status: Full-time /Part-time (*circle one*)

Housing status: On campus /Off campus /At home with family (*circle one*)

Intended field of study and degree sought: _____

High school attended : _____
name & address *graduation date*

IF APPLICABLE: Undergraduate institution attended: _____

Dates attended: _____ Degree earned: _____

C. STUDENT ACTIVITIES

Please attach a resume or a list of activities that you participate in including positions held, dates of participation, estimated time spent on each activity and any special honors received.

D. ESSAYS

Please provide a short statement describing your career goals, particularly as they relate to practicing in or advancing the field of nursing in Rhode Island (300 word limit, double-spaced, typed).

E. FINANCIAL AID INFORMATION

Are you eligible for tuition reimbursement at your place of employment? Yes No

If yes, please provide a description of the tuition reimbursement plan, including dollar amount you are receiving.

Please attach the following documents (applications that do not contain these documents will not be considered by the selection committee):

1) A copy of your financial aid award letter from the college or institute of higher education you will be attending (if you are undecided, please send award letters from your top two choices).

2) A copy of your final Student Aid Report (SAR) -- not the application you submitted, but the returned report from the U.S. Dept. of Education.

Cost of education per year:

EXPENSES	Amount	Total
Tuition and Fees	\$ _____	
Room and Board	\$ _____	
Books and Supplies	\$ _____	
Transportation	\$ _____	
TOTAL EXPENSES		\$ _____ A

INCOME	Name of Grant or Scholarship	
Federal, State, and Other Awards (list loans and work study in Loan section below)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
College Grants and Scholarships (list loans and work study in Loan section below)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL GRANTS AND SCHOLARSHIPS		\$ _____ B

Estimated Family Contribution (EFC) from Student Aid Report (SAR)	\$ _____	C
TOTAL INCOME (Item B plus Item C)		\$ _____ D
FINANCIAL NEED (Item A minus Item D)		\$ _____ E

LOANS AND WORK STUDY	Name of Source	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL LOANS AND WORK STUDY		\$ _____

INCOME AND ASSET DATA

I am classified as a **Dependent**

If your parents claim you as a tax exemption, have your parents complete the section below using information from their most recent IRS tax return. If you are married, check the independent box and provide information on both you and your spouse.

I am classified as **Independent**

If you are under 24, you may claim independent status only if you have (1) served in the military, (2) are a ward of the courts, (3) are married and living away from your parents, or (4) have not been claimed by your parents for two consecutive years and have income of at least \$4,000 in each of those two years. If you are independent, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your most recent U.S. Income Tax Return. You are an independent student if you are 24 years of age or older.

	Parent	Independent Student/Spouse
Adjusted gross income (annual, from U.S. income tax return)	\$ _____	\$ _____
Total U.S. income tax paid	\$ _____	\$ _____
Income earned (breakdown by parent)	\$ _____ Parent A \$ _____ Parent B	\$ _____
Other income and benefits (Social Security, Family Independence Program, disability, child support)	\$ _____	\$ _____
Cash, savings, bonds, stocks, checking accounts, certificates of deposit (CDs), etc. (no IRAs or pension accounts)	\$ _____	\$ _____
Net value of real estate holdings not used as primary residence	\$ _____	\$ _____

(For dependent students only:)		
Dependent student's earned income	\$ _____	
Student's savings	\$ _____	

Total number family members: _____ Total number dependents: _____

Marital status (parents if dependent; self if independent): Married ___ Single ___ Divorced ___ Widowed ___

List all family members supported at least half-time. Do NOT include yourself.

name/age	school/tuition	relationship to the applicant
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F. ADDITIONAL INFORMATION

Special circumstances: Do you have any unusual personal, financial or family circumstances that warrant special attention by the selection committee? Please be specific. (You may add one additional page, 300 word limit.)

1. How did you hear about this award? _____

2. Are you a: (please check one box)
 Junior/Senior student
 RN/BS student
 Graduate student
3. I will register for _____ courses for a total of _____ credits next semester.
4. With the completion of the next semester's courses, I will have completed: (please check one box)
 Less than 1/2 of degree requirements
 More than 1/2 of degree requirements
5. Have you applied for any other Rhode Island Foundation scholarships?
 Yes No Name of scholarship: _____

G. CERTIFICATION AND SIGNATURES

I, (we) certify that the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of The Rhode Island Foundation, I (we) agree to give documentation for information given on this form. I (we) realize that failure to comply with a request for additional information may prevent the applicant from receiving any aid. I also grant permission to The Rhode Island Foundation to use my photograph and/or selected quotes on their website and in future publications.

Applicant's signature

date

Parent signature (if applicant is dependent)

date

Send completed application and all required attachments together in **ONE ENVELOPE** by **October 1, 2008** to:

**Libby Monahan
Newton Nursing Scholarship
The Rhode Island Foundation
One Union Station
Providence, Rhode Island 02903**

- Please do not staple application or attachments together.
- Financial information is confidential for review only by the members of the Advisory Committee and The Rhode Island Foundation.