

# Alice Reding Connell Nursing Scholarship Fund

## Application Process

1. Applicant will have their Counseling/Guidance Department complete the following:

Counselor/Guidance Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student GPA: \_\_\_\_\_

2. Student will electronically complete application and essay, attach Transcripts/grades, and send in one email to **Counseling/Guidance Department** with the subject title "**Reding Connell Application**," by April 1<sup>st</sup>.
3. The Counseling/Guidance department will forward the application and attachments of most qualified student in one email to to [scholarships@nccfoundation.org](mailto:scholarships@nccfoundation.org) by April 15th.
4. Students must meet eligibility requirements.

## Who is eligible to apply?

1. Student must be graduating from one of the following school districts: Brocton, Cassadaga, Chautauqua Lake, Dunkirk, Forestville, Fredonia, Pine Valley, Ripley, Silver Creek or Westfield.

## What are the criteria for selecting the recipients?

1. Pursuing a Registered Nursing degree
2. Accepted at a college/university offering a registered nursing program
3. Having at least a 2.5 GPA
4. Demonstrate financial need



NORTHERN CHAUTAUQUA  
**COMMUNITY  
FOUNDATION**

212 Lake Shore Drive West

Dunkirk, NY 14048

716-366-4892 716-366-3905 (fax)

[scholarships@nccfoundation.org](mailto:scholarships@nccfoundation.org) [www.nccfoundation.org](http://www.nccfoundation.org)

# **Alice Reding Connell Nursing Scholarship Fund Application**

Application and essay on form provided will be completed electronically by student and sent in one email to Counseling/Guidance Department with the subject title: **"Reding Connell Application," by April 1st.**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**College/University you will be attending:**  
(include address)

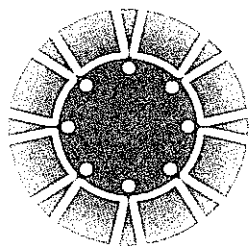
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**Essay:** *In 500 words or less on the form provided, please explain your goals, objectives, and reasons for pursuing a degree as a Registered Nurse.*



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Essay/Personal Statement

Applicant Name:

Name of Scholarship:

Signature:

Date:

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