

ADAMS ROTARY MEMORIAL FUND

CRITERIA FOR APPLICATION FOR FINANCIAL AID

MEDICAL AND/OR NURSING COURSES

The following careers will be considered:

Pre-medicine

**Medicine (So long as such programs
result in a M.D. degree)**

Two-year Associate program in nursing

Three-year associate program in nursing

Four-year B.S.N. program

**(So long as such programs
result in a R.N. designation)**

**Eligibility: Graduate of Howard County High School
currently enrolled in one of the programs
listed above**

**Selection: Based on merit and financial need.
Personal interview may be required.**

**Complete and
return attached: Application with Transcript of Grades
Career Interest
Financial Statement**

**Recommendations: Attached are two recommendation forms.
Please have them completed by individuals
who have known you for at least one year.
One should be from a science teacher.**

PLEASE RETURN THE APPLICATION TO:

**Adams Rotary Memorial Fund
KeyBank National Association
Trust Department
8425 Woodfield Crossing Blvd #500
Indianapolis, IN 46240**

Applications received after deadline will not be considered.

DEADLINE DATE: MARCH 20, 2009

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APPLICATION FOR SCHOLARSHIP IN
MEDICAL AND/OR NURSING COURSES

Students name _____ Social Security No. _____
Student's address _____ Telephone _____
(area code) _____
High School Attended/Attending _____ Graduation Year _____
College Attended/Attending _____ Graduation Year _____

Date of Birth _____ Marital Status S _____ M _____ D _____ W _____
Current occupation & place of employment _____
If Married: Spouse's name _____
Spouse's occupation & place of employment _____
Applicant's children and ages. State if living at home.
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

If single: Father's name _____ Mother's name _____
Father's occupation & place of employment _____
Mother's occupation & place of employment _____
Applicant's brothers and sisters. State if living at home or attending college.
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Who helps with financial support? _____
Have you applied for other scholarships or loans? _____ yes _____ no
Amount(s) _____

Authorization for release of information:
I hereby authorize the bearer of this certificate to discuss my grades and class standing with any of my teachers or advisors.

Signed: _____ Date: _____

ATTACH A TRANSCRIPT OF GRADES

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CAREER INTEREST

What career are you interested in? _____

What is your major? _____

Month & year you expect to receive your degree? _____

Where have you applied for school or training? _____

Have you been accepted? Yes _____ No _____

List honors received: _____

List activities and/or volunteer work with which you have been involved: _____

List employment history: _____

On the average, how many hours per week do you work? _____

Write a paragraph explaining your reasons for choosing this particular health career (if you need additional space, continue on the reverse side).

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PERSONAL FINANCIAL STATEMENT

Submitted in connection with the application of:

Student's Name

ASSETS

DOLLARS

Cash on hand and in checking	_____
Savings accounts	_____
Certificates of deposit	_____
Stocks, bonds	_____
IRA's	_____
Automobiles	_____
Household goods	_____
House	_____
Other Real Estate	_____
Life Insurance cash value	_____
Other assets	_____
Total assets	_____

DEBT

Notes to banks	_____
Notes to credit unions	_____
Notes to finance companies	_____
Charge accounts	_____
House mortgage	_____
Other mortgage	_____
Insurance policy loans	_____
Other debt	_____
Total debt	_____

TOTAL ASSETS LESS TOTAL DEBT

2008 Adjusted Gross Income from
Federal Tax Return _____

Signature

Date

Signature

Financial statement to be completed by parents unless applicant is financially independent.

This information will remain confidential with the advisory Committee of the Adams Rotary Memorial Fund

**ADAMS ROTARY MEMORIAL FUND
SCHOLARSHIPS**

RECOMMENDATION FORM

The Advisory Committee of the Adams Rotary Memorial Fund would appreciate your candid appraisal of this candidate applying for a scholarship in medicine, pre-medicine, or nursing careers. We have prepared a list of items that would be helpful for us to know in evaluating each candidate and making our selection.

Please feel free to write your responses directly on this sheet if that is more convenient for you. Thank you for your cooperation.

Candidate's name: _____

How long have you known this candidate? _____

What is the basis of your acquaintance? _____

How would you evaluate his/her:

- a. potential for learning _____
- b. level of maturity _____
- c. emotional stability _____
- d. integrity _____
- e. dependability _____
- f. relationships with others _____

Any additional comments you might have regarding this candidate: _____

Signature _____

Position/Title _____

Date _____