**Professor Mary Ann Hamm**
**Memorial Nursing Scholarship Application**

*Scholarship Amount: minimum $500 for State Licensing Fees, Registration Fees Associated with the PA State Board of Nursing, NCLEX-RN Licensing Exam, and a Review Course*

**Name:** ________________________________  **Student #:** _________________________

**Address:** ________________________________  **Phone #:** _________________________

**City:** ________________________________  **State:** _____  **ZIP:** _____________

**Current Grade Point Average:** ________________  **E-mail:** _________________________

**Current Enrollment Status (# of credits):** ________  **Total Credits Completed:** _________

**Scholarship Criteria:**
At the time of application, students **must** meet the following requirements:

- **Must** be enrolled in a minimum of 9 credits and in the Nursing IV course in BCCC’s Associate Degree Nursing Program.
- **Must** possess a minimum cumulative grade point average of 3.0.
- **Must** be in good academic standing, as verified by the department.
- **Must** submit a typed essay describing how this scholarship will help meet his/her educational and career goals.

I meet all of the scholarship criteria and have enclosed the required information with my application.

**Name:** ________________________________  **Date:** _________________________

**Signature:** ______________________________

**Please return this application to:**
Bucks County Community College
c/o Associate Degree Nursing Program (Penn Hall)
275 Swamp Road
Newtown, PA 18940

**Application Deadline: April 1**