

# ***Regina Hickey Nursing Scholarship***

## ***Application***

**Scholarship amount: \$500**

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Grade Point Average: \_\_\_\_\_ Major: \_\_\_\_\_

Current Enrollment Status: \_\_\_\_\_ Total Credits Completed: \_\_\_\_\_

### **Scholarship Criteria:**

The scholarship is open to all students who, at the time of application, meet the following requirements:

- Enrolled in a minimum of 6 credits (part-time status) and in the Nursing II course in BCCC's Registered Nursing Program.
- Cumulative 3.0 grade point average or better.
- Completed the required Nursing I course with a grade of B or better.
- **Preference** is given to applicants who are mothers residing in Bucks County.
- **Preference** is also given to applicants who have completed next academic year's Free Application for Federal Student Aid (FAFSA) and demonstrate financial need.
- The application **must** be accompanied by a written recommendation of a faculty member in the Nursing Program, as well as a brief 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 Director of Nursing  
275 Swamp Road  
Newtown, PA 18940

**Application Deadline: April 1**