Susie Lyle Memorial Nursing Scholarship

Application

Scholarship Amount: minimum \$500

Name:	_ Student #:
Address:	Phone #:
City:	State: ZIP:
Current Grade Point Average:	E-mail:
Current Enrollment Status (# of credits):	_ Total Credits Completed:
Scholarship Criteria: This scholarship provides financial assistance for tenrolled BCCC's Associate Degree Nursing Programmust meet the following requirements: • Enrolled in a minimum of 6 credits (part-ting BCCC's Associate Degree Nursing Programmust) • Minimum cumulative grade point average • Complete the required Nursing I course with the programmust of the programm	m. At the time of application, students ime status) and in the Nursing II course am. of 3.0. ith a grade of B or better.
Please indicate if you are: a female veteran who cared/cares for a family re (submit DD-214 form or current military ID, and described a student interested in dementia and/or hospical a male veteran who cared/cares for a family me (submit DD-214 form or current military ID, and described in the cared/cares for a family me (submit DD-214 form or current military ID, and described in the cared/cares for a family me (submit DD-214 form or current military ID, and described in the cared/cares for a family re cared/cares for a family me (submit DD-214 form or current military ID, and described for a family re cared/cares for a family me (submit DD-214 form or current military ID, and described for a family me (submit DD-214 form or current military ID, and described for a family me (submit DD-214 form or current military ID).	lescribe family situation) e (describe your interest) ember with dementia or in hospice
Please answer one of the following essay question the application: 1. How did military service help you grow int 2. How did caring for a family member with of 3. Describe your interest in dementia/hospice hospice nurses.	to a caring person? dementia affect you?
I meet all of the scholarship criteria and have encomy application.	losed the required information with
Name:	Date:
Signature:	
Please return this any	olication to:

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