

VIOLET A. YUROWSKI NURSING SCHOLARSHIP

Scholarship Purpose:

To provide financial assistance to a nursing student enrolled in the nursing program at Brookdale Community College interested in pursuing a career in nursing.

Award:

Scholarship award is \$1000.

Eligibility Requirements:

- New Jersey resident
- Brookdale Community College nursing student enrolled in the 2017 Fall Semester
- Full-time or Part-time, Brookdale Community College nursing student
- Previous applicants and/or recipients may re-apply

Applicant must submit the following:

- Completed Application form
- Personal Narrative
- Confidential Reference form from (2) individuals
- Unofficial Transcript from Brookdale Community College
- High School Transcript

Final applicants may be required to appear for a personal interview.

Method of Payment:

Scholarship checks will be paid directly to Brookdale Community College for the 2017 Fall Semester.

Application Due Date:

Completed application and all required documents must be postmarked not later than Monday, March 13, 2017.

For additional information, please call:

Debbie Clayton, 732-219-7454.

Send Application to:

Bennetta E. Padmore RN, MSN
Educator, Professional Practice
VNA Health Group
176 Riverside Avenue
Red Bank, NJ 07701

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Personal Narrative

Not to exceed one page (typed) answering the following:

- **What attributes do you feel you possess that will make you a good nurse?**
- **What do you want to do with your nursing education?**
- **Share a life changing experience you feel has impacted on who you are.**
- **Share something you have done on your own or as part of a group that you feel made a difference in someone else's life or in your community.**

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Confidential Reference (1 of 2)

To: _____
(First) (Last)

From: _____
(Applicant's Name)

(Applicant's Address)

(Applicant's Telephone #)

I am applying for a nursing scholarship. I authorize you to provide information regarding my academic, personal qualifications/ achievements/potential.

Signature of Applicant _____ Date _____

Reference Name & Title: _____

Relationship to Applicant: _____

Telephone #: _____

How long have you known the applicant? _____

Comments regarding academic, personal qualifications/achievements/potential:
(please use additional sheet if necessary)

Signature of Reference _____ Date _____

Return to: Bennetta E. Padmore RN, MSN
Educator, Professional Practice
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Confidential Reference (2 of 2)

To: _____
(First) (Last)

From: _____
(Applicant's Name)

(Applicant's Address)

(Applicant's Telephone #)

I am applying for a nursing scholarship. I authorize you to provide information regarding my academic, personal qualifications/ achievements/potential.

Signature of Applicant _____ Date _____

Reference Name & Title: _____

Relationship to Applicant: _____

Telephone #: _____

How long have you known the applicant? _____

Comments regarding academic, personal qualifications/achievements/potential:
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