

The Brenda A. Ross Memorial Nursing Scholarship

Due: May 1st

The Brenda A. Ross Memorial Nursing Scholarship Fund was established in memory of Brenda A. Ross. Brenda A. Ross was killed in an automobile accident on January 12, 1987. Miss Brenda A. Ross was employed at Charles Cole Memorial Hospital, as a registered nurse, from 1985 until her death.

At the time of her death, her parents established the Brenda A. Ross Memorial Nursing Scholarship Fund. The intent was that through the initial funding and donations, that the Scholarship Fund would produce sufficient income to provide one annual scholarship ranging from \$500 - \$1,000 as funds are sufficient.

The fund was established to provide a scholarship to a high school graduate, choosing nursing as a career, from the Bucktail High School in Clinton County, or a high school in the Potter McKean, Cameron, or Tioga County area. The scholarship will be presented to the candidate emulating the characteristics which made Brenda such an asset to the nursing profession and the community.

The recipient of the Brenda A. Ross scholarship is not obligated, as a result of receiving the award, to an employment commitment to UPMC Cole.

To apply for the Brenda A. Ross Memorial Scholarship, the candidate must provide the following:

1. A formal letter requesting consideration for the scholarship from the applicant.
2. A completed Brenda A. Ross Memorial Scholarship application.
3. A copy of the student's most recent grade transcripts.
4. Proof of acceptance to an approved nursing program.
5. Two letters of reference.

A committee designated by the Cole Foundation, will review applications. An interview may be required for finalists. Application packets should be completed and forwarded to:

**Cole Foundation
Brenda A. Ross Memorial Nursing Scholarship
1001 East Second Street
Coudersport, PA 16915**

Brenda A. Ross Memorial Nursing Scholarship Application

Name: _____
(Please Print: Last, First, Middle)

Date: _____

Present Address: _____
(Number and Street, City, State and zip code)

County: _____ Phone: _____

Criminal Background: Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? _____ Yes _____ No
If yes, please give the particulars including the type and date of the offence:

| Educational Record: | Name and Address | Circle Grades Completed | Anticipated date of graduation |
|----------------------------|------------------|-------------------------|--------------------------------|
| High School | _____ | 9 10 11 12 | _____ |

Please provide an official copy of your most recent grade transcript.

Scholarship Interest:

What is your program of study? _____

Name of the college, university or school you are planning to attend: _____
(Please attach a copy of your acceptance letter.)

Will you be a full-time student? _____ Yes _____ No

If you will not be a full-time student, please explain: _____

References: Please provide and attach two letters of references. Do not use relatives. List persons whom you have known for at least two (2) years.

Applicants Statement: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools or persons named above and in the letters of reference provided by me to give any information regarding my employment, character and qualifications, together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void.

Applicant's Signature: _____ **Date:** _____