

IU HEALTH FOUNDATION
Annabelle & Maurice Platt Nursing Scholarship Application



Foundation

**THE ANNABELLE AND MAURICE PLATT
NURSING SCHOLARSHIP**

Criteria

Retha Platt, through her generous contributions, directed Methodist Health Foundation (now IU Health Foundation) to award a nursing scholarship in memory of her parents to the candidate who is in the opinion of the **Superintendents and Principals** of said high school public systems in Boone County, Indiana, the most deserving and who meets the following requirements:

- Scholarships shall be awarded to candidates graduating from high schools in Boone County, Indiana, or a high school in a county adjoining Boone County if residents of Boone County are required to so attend such a school. Scholarships may also be awarded to students presently enrolled in a nursing program.
- Candidates must be a citizen of the United States and a resident of Boone County, Indiana, at the time of selection.
- The candidate shall have maintained a scholastic average record for the last three years of his and/or her high school career of at least three points (3.0) or its equivalent, based upon a rating of four point (4.0) for and A average or its equivalent.
- Candidates are required to attend a two year Associate of Arts degree program in nursing or a four year baccalaureate degree program in nursing in the state of Indiana.
- The candidate must be, in the opinion of the Superintendents and Principals, deserving of financial assistance.
- Candidates may be eligible to receive addition funding for living expenses.

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Name in Full: _____
Last Name (family) First Middle

Social Security Number: _____ --- --- _____

Date of Birth: _____ Citizenship: _____
Month / Day / Year Country

Address: _____

Telephone: _____ E-mail Address (if applicable) _____

Are you or your parents legal residents of Boone County? _____

Name of Parents: _____

Marital Status of Parents: _____

What percentage of your education expenses do you anticipate your parents can pay? _

Parents Occupation(s): _____

School in which you are enrolled or hope to enroll: _____

Address: _____

Will you be attending school as a full-time student? _____

What is the approximate tuition & book expense? _____

Do you anticipate additional expenses? _____

Have you applied for and/or received any other scholarships? _____

If so, please list source and amount: _____

I hereby grant permission for the Scholarship Committee to receive a copy of my high school transcript.

Signature of Applicant

