

In support of Indiana University Health Methodist Hospital

THE ANNABELLE AND MAURICE PLATT NURSING SCHOLARSHIP

Criteria

Retha Platt, through her generous contributions, directed Methodist 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.

2016

METHODIST HEALTH FOUNDATION Annabelle & Maurice Platt Nursing Scholarship Application

	Date of Application:
Name in Full: Last Name (family) Middle	First
Social Security Number:	
Date of Birth: Month / Day / Year	_ Citizenship: 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

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Please return this completed application to the Guidance Counselor or Principal.

Please write a short autobiography, including interests, community activities, & church affiliation, if any:

Please make a statement on your educational & occupational goals:

Student Name:_____

Please attach additional page, if necessary.