Mary Garamy Nursing Education Scholarship Application

(Horizon Community Funds of Northern Kentucky)

Full Name:

_____

Mailing Address:

_____

_____

Date of Birth: _____

Social Security Number: _____

Email Address:

_____

_____

Date/State of Voluntary Adoptive Placement:

_____

_____

School Where Scholarship Will Be Used and Degree/Certification to be Obtained:

_____

_____

Description of Financial Need:

_____

_____

_____

Career/Employment Goals (Please be specific- Why do you want to be in nursing?):

_____

_____

Please attach a copy of your high school diploma or GED or explain why these are not available:

_____

_____

(Return Scholarship Application and Addendum to 2758 Erie Ave, Cincinnati, OH 45208)

Scholarship Application Addendum

An important part of obtaining an academic degree is recognizing the obstacles that may derail your success and identifying solutions to those issues before you begin! Please consider each of the issues listed below and provide realistic ways you plan to deal with each one.

1. Transportation (cost and availability): _____

_____

_____

Backup Plan: _____

_____

2. Child Care (be specific): _____

_____

_____

Backup Plan: _____

_____

3. Work Schedule (address conflicts and commitment of your employer to your success): _____

_____

_____

4. Access to Computer/Laptop (for research and assignments): _____

_____