

Melissa Delmonico Foundation Scholarship Application Form

Please print clearly or type. Return completed form to:

Melissa Delmonico Scholarship/Charity Foundation
c/o Scholarship Committee
P.O. Box 19210
Johnston, RI 02919

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

1. Are you a full-time student? Y _____ N _____
2. Have you completed at least one year in the nursing program? Y _____ N _____
3. Have you maintained a 3.0 or higher GPA in nursing courses during your first two semesters?
Y _____ N _____
4. Have you attached documentation as to your clinical performance as documented and determined by clinical nursing evaluations? Y _____ N _____
5. Are you eligible for financial aid? Y _____ N _____
6. Why should you be selected to receive the Melissa Delmonico Foundation Nursing Scholarship? (Use a separate sheet if necessary)

I hereby grant permission to the MDF Scholarship Committee to review my academic standing with CCRI's Office of Admissions and Records, to review my financial need with CCRI's Financial Aid Office, and to use my name and photo for publicity purposes.

Student signature: _____ Date: _____