

**2011 ELAINE REISS AWARD APPLICATION**  
**Graduating Nursing Students**

Please carefully read the criteria the Elaine Einterz Reiss Award. Scholarships and awards differ in requirements and are based in large part on information provided by the applicant. **PLEASE ANSWER ALL QUESTIONS COMPLETELY.** Where an item is not applicable, please enter "N/A".

You must also read and sign the certification statement at the end of the application form, pledging to attend the Nursing Candlelight Ceremony, and to provide a written thank you to the donor, should you be a recipient.

Completed applications and accompanying personal statements should be submitted as soon as possible, but not later than **Friday, February 18, 2011**. Applications may be mailed to: Ulster Community College Foundation, Inc., Cottekill Road, Stone Ridge, NY, 12484, or dropped off at the following offices:

The Foundation Office in Clinton Hall Room 208 (Burnelle Roser)  
Nursing Department HAR134 (Carol Mason)

**Eligibility:**

- 1. Students majoring in Nursing.**
- 2. Will graduate from Ulster County Community College in the Spring of 2011.**
- 3. Nursing student who DOES NOT plan to transfer to a senior institution after graduation.**
- 4. Single parent who has worked while attending Ulster County Community College.**

If you meet all four eligibility requirements and are interested in applying for this scholarship, you must complete the application and the one-page statement signed in ink. Return all three pages to one of the offices listed above by **Friday, February 18, 2011 before 4:00 p.m.** Award notifications will take place in May.

Upon submission of this application, I hereby authorize the Scholarship Committee to review copies of my high school and college transcripts for purposes of academic evaluation. I hereby state that all information given is accurate, complete and true. I agree to abide by the Ulster Community College Foundation, Inc. Scholarship policies, and any policies of the scholarship I may receive. I also agree that if I withdraw from the College, or if I fail to meet the stated criteria of the scholarship at the time it is awarded, I will repay all or a portion of any scholarship, according to the refund policy of the College. I understand that any scholarship monies awarded may be credited against the balance of any outstanding bills to the College or money due the Foundation Emergency Loan Fund.

Should I be awarded a scholarship by the Committee, **I agree to be present at the Nursing Candlelight Ceremony in May. I also agree to write a thank you letter to my scholarship sponsor.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Ulster Community College Foundation, Inc. • Stone Ridge, NY 12484 • (845) 687-5293*

Ulster County Community College does not discriminate in education, employment, or any of its businesses on the basis of sex, sexual orientation, race, color, age, religion, national origin, or disabilities.

# 2011 ELAINE REISS AWARD APPLICATION

for Graduating Nursing Students

Name: \_\_\_\_\_ Student ID # U 0 0 - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ High School \_\_\_\_\_ Grad. Yr. \_\_\_\_\_

Declared major at Ulster County Community College: \_\_\_\_\_

Career goal: \_\_\_\_\_

Anticipated date of Ulster County Community College graduation: \_\_\_\_ Spring 2011 \_\_\_\_ Fall 2011

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ # of children \_\_\_\_ I work while attending school

(Check any that apply) I plan a career/have volunteer experience in:

**Healthcare**

\_\_ Nursing \_\_ Physician \_\_ Research

\_\_ Cancer \_\_ Diabetes \_\_ Geriatrics \_\_ Pre-Med

\_\_ Pediatrics \_\_ Psychiatric \_\_ Emergency

I reside in the city/town/village of \_\_\_\_\_ in \_\_\_\_\_ County.

Clubs/Activities: \_\_\_\_\_

(Optional) Pursuing my education has been a special challenge because:(i.e. Language, Disability, Financial Need, Non-traditional student, etc.) \_\_\_\_\_

List all campus activities: \_\_\_\_\_

List all community service activities: \_\_\_\_\_

(Use a separate sheet if necessary)

**On a separate sheet of paper, please tell the Scholarship Committee why you wish to be considered for a scholarship. This is your opportunity to SHARE YOUR ACCOMPLISHMENTS AND GOALS with the Committee. YOUR STATEMENT MUST BE TYPED AND SIGNED, and should not exceed one page in length. Several scholarships require community service or community involvement – please include that information in your essay.)**

The Ulster Community College Foundation, Inc. has my permission to use quotes from my application and/or essay when communicating with donors and in other Foundation materials. Yes \_\_\_\_ No \_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Applications are due on or before February 18, 2011 at the Ulster Community College Foundation Office in Clinton 208; or in the Nursing Department HAR134.*