



**LAPEER COUNTY COMMUNITY FOUNDATION  
HAZEL SIMMS NURSING  
SCHOLARSHIP APPLICATION**

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**Personal Information:** Type or print using black or blue ink. You must complete the entire application with signature to be considered for this award.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ School district you reside in: \_\_\_\_\_ County: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Student ID number: \_\_\_\_\_  
 Last 4 digits of your SSN: \_\_\_\_\_ Student email: \_\_\_\_\_

**Student Experiences and Activities:** *(If space is inadequate, utilize an additional sheet of paper.)*

High school last attended: \_\_\_\_\_ GPA: \_\_\_\_\_  
 Class rank: \_\_\_\_\_ Diploma or GED: \_\_\_\_\_ Graduation/completion date: \_\_\_\_\_

Colleges attended: List all colleges attended, dates and majors. Official transcripts must be provided.

School	Dates	Major

Anticipated date of enrollment in Nursing Program: \_\_\_\_\_

Enrollment plans for next academic year:

	Fall	Winter	Spring	Summer
Full Time (# of credits):				
Part Time (# of credits):				

Anticipated date of graduation from the nursing program: \_\_\_\_\_ Degree expected: \_\_\_\_\_

List clubs, societies, athletic teams or other significant organization or activities in which you participate/volunteer (church, Big Brothers/Sisters, Boy/Girl Scouts, etc.).

List any honors or awards received and date:

Have you applied for/received other scholarships, grants or financial aid applicable to the same semester(s) as this scholarship? If yes, list them with the amounts awarded or the status of the application.

What is your total monthly household income from all sources? \$ \_\_\_\_\_ per month

Employment history (begin with current employer):

<b>Business Name</b>	<b>Address</b>	<b>Phone</b>	<b>Position Held</b>	<b>Dates</b>	<b>Avg. hrs. worked/ week</b>

Explain any special circumstances that may affect your ability to finance your educational costs.

I authorize release of my educational records to committees relative to this scholarship and allow contact with individuals/institutions listed on this form. I hereby certify that all statements relating to this application are true and correct to the best of my knowledge, and that deliberate falsification or misrepresentation in this application process may result in my being declared ineligible for receipt of scholarship funds.

Student applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- Attach a copy of:
- 1) your most recent transcript showing credits/degree earned;
  - 2) verification of current GPA and standardized test scores;
  - 3) IRS federal tax return verifying household income (Page 1 & 2 only); and
  - 4) A current photo of yourself to be used for publicity purposes if an award is granted.
- By attaching your photo you agree to its use in Foundation news releases to the media and LCCF publications.

Mail application by **March 15th** to: Hazel Simms Scholarship Committee  
Lapeer County Community Foundation  
264 Cedar Street  
Lapeer, MI 48446

Any questions may be directed to: Ashley White, Executive Director  
Phone: 810-664-0691  
Email: [awhite@lapeercountycommunityfoundation.org](mailto:awhite@lapeercountycommunityfoundation.org)

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HAZEL SIMMS NURSING SCHOLARSHIP**

**Statement by Applicant**

**1. In less than 200 words, describe your interest in your selected field of study and your future educational and/or career plans.**

**2. State your total expected financial need during your anticipated term of enrollment in the nursing program.**

**AGREEMENT**

**If I am awarded a scholarship by the Hazel Simms Nursing Scholarship Fund, it is my intention to complete my education as outlined and to serve as a member of the nursing profession. I understand that this application and all information submitted by me or others on my behalf will remain the property of the Hazel Simms Scholarship Committee of the Lapeer County Community Foundation.**

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

**LAPEER COUNTY COMMUNITY FOUNDATION  
HAZEL SIMMS NURSING SCHOLARSHIP**

**Statement by Director/Faculty Member of Nursing Program**

Applicant's signature to authorize this statement:

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

- 1. Please give specific information concerning the applicant's professional and personal characteristics and nursing ability:**

**Name:**

**Institution:**

**Title:**

**Address:**

**City/State/Zip:**

**Telephone:**

- 2. Average annual cost for program (full time enrollment):**

**Tuition:**

**Uniforms/Misc.**

**Books:**

**Lab fees:**

**Other fees:**

**Mail completed statement by March 15<sup>th</sup> to:**

**Hazel Simms Nursing Scholarship Committee  
Lapeer County Community Foundation  
264 Cedar Street  
Lapeer, MI 48446**