

Margaret T. Stoeckinger Foundation, Inc.

Faith Community/Parish Nursing Scholarship Application Form

Applicant Name: _____

Address: Campus: _____

Home: _____

E-Mail: _____

Phone: Cell: _____ Home: _____

Award Criteria

The following criteria will be used in determining scholarship awards:

1. **Matriculation.** Documentation of acceptance into an accredited baccalaureate, masters or doctoral nursing program within the geographical boundaries of the Catholic Diocese of Lexington. (Generally, Central and Eastern Kentucky) *No LPN or 2-year program candidates will be considered.*
2. **Letter of Support.** Written documentation of history of service to a worship community by a leader of that community.
3. **Personal Letter of Application.** A letter written by the applicant, citing his/her history of service. The letter should include activities or projects planned for the scholarship period as well as career plans. Greater consideration will be given to applicants expressing an interest in health ministry.
4. **Transcript.** A transcript of college or high school grades, as applicable. This must include the semester previous to the application date (fall semester). This need not be an "official" or notarized copy. A copy obtained from the school via the internet is acceptable.

Applications must be received by the Foundation by April 1 of the year prior to the Fall semester, when funding would begin. Submit to:

If Paper Copy Send to: Margaret T. Stoeckinger Foundation Scholarship Committee 320 Rose Lane Lexington, KY 40508	If Electronic Copy – scan and send in PDF Format to: Stoeckingerfnd@gmail.com
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