



**Ashland County  
Community Foundation**  
*...for generations to come*

OFFICE USE ONLY

Complete  Incomplete

Comments:

## **DR. CAROL J. CHRISMAN ENDOWED SCHOLARSHIP FOR NURSING AT ASHLAND UNIVERSITY**

Held by The Ashland County Community Foundation

Carol Chrisman grew up in Ashland County and had a great love for her community. She was very proud of her profession of nursing and ultimately became the Dean of the School of Nursing at Ashland University. She was particularly interested in public/community health nursing, but also wanted to encourage Ashland County nurses and students to continue their education toward a baccalaureate, masters, or doctoral degree. This scholarship may be applied to Ashland University only. Dr. Chrisman died in 1998.

### **Eligibility Criteria:**

- 1.) Registered nurses employed in public health within the Ashland County/City Health Department,
- 2.) Nurses in the public health sector that serves Ashland County and surrounding area, 3.) Full-time nursing students from Ashland County, 4.) Nursing students from Ashland County continuing their education, or 5.) Prior recipients of this scholarship
- Attending Ashland University
- Nursing major

**Please be sure the following materials accompany your application (in listed order). Do not send materials separately.**

- Completed application form
- Verification of RN status
- Essay (not more than 300 words): How do you hope to use your new degree in your community?

**DEADLINE FOR APPLICATION: April 15**

### **Send completed application to:**

Dr. Carol J. Chrisman Endowed Nursing Scholarship  
c/o Ashland County Community Foundation  
300 College Avenue, Ashland, OH 44805

*Please return all pages of application*

**Incomplete applications will not be reviewed.**

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Student Name (please print, if hand written)

**Section 1 – Applicant Information**

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_ City County State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female US Citizen:  Yes  No

**Section 2 – Family Information**

**Father**  **Stepfather**  **Guardian**

Full Name: \_\_\_\_\_  
Last First M.I.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address/Phone:  Same as student  Different than student (if different, please list below)

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_ City County State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Mother**  **Stepmother**  **Guardian**

Full Name: \_\_\_\_\_  
Last First M.I.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address/Phone:  Same as student  Different than student (if different, please list below)

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_ City County State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

1. Check if applicable:  Father deceased  Mother deceased  Parents divorced

2. Are you the first in your family to attend college?  Yes  No

3. List names, ages and educational levels of siblings for next school year:

Name	Age	Grade/Highest Educational Level Achieved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 3 - Education/Nursing Information**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Nursing Education (to include level): \_\_\_\_\_

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

RN certification date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ashland University status:  Accepted  Acceptance Pending  Currently Enrolled

Year in school (upcoming school year): \_\_\_\_\_

Major field of study: \_\_\_\_\_

Degree being pursued: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

**Section 4 - Education Financing REQUIRED**

Please provide Education Financing information for your chosen school, or for your first choice of school.

School: \_\_\_\_\_

Expected annual tuition: \_\_\_\_\_

Expected annual room and board: \_\_\_\_\_

Expected annual cost for textbooks and supplies: \_\_\_\_\_

Are you financing your own education?  Yes  No  Partial

If no or partial, who is helping to finance your education? \_\_\_\_\_

How much of your education are they supporting (percentage or dollar figure)? \_\_\_\_\_

Please list any financial aid of which you are currently aware. (How much per year?)

Grants: \$ \_\_\_\_\_ Scholarships \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_

Other comments, if any: \_\_\_\_\_

**Section 5 - Unusual Circumstances**

Please list any unusual circumstances, financial or otherwise, that should be considered:

**Section 6 - Applicant Certification**

I have reviewed, understand and meet the eligibility criteria for this scholarship. I certify that I have been accepted by an accredited institution of higher education and will be enrolled full-time. I certify that the information on this form is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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**DR. CAROL J. CHRISMAN ENDOWED NURSING SCHOLARSHIP**

**EVALUATION INSTRUMENT**

Applicant Name: \_\_\_\_\_

Award Year: \_\_\_\_\_

**NURSING DESIGNATION (APPLICANT MUST MEET ONE OF THE FOLLOWING THREE)**

Public health nurse within Ashland City/County Health Department: (100 points) \_\_\_\_\_

OR

Community health sector nurse serving Ashland County & surrounding area: (100 points) \_\_\_\_\_

OR

Nursing student serving Ashland County: (75 points) \_\_\_\_\_

**NURSING DESIGNATION – POINTS TOTAL 100** \_\_\_\_\_

**ADDITIONAL CONSIDERATIONS**

Academic or professional achievement: (25 points) \_\_\_\_\_

Community service: (25 points) \_\_\_\_\_

Communication skills: (25 points) \_\_\_\_\_

Family circumstances: (25 points) \_\_\_\_\_

**ADDITIONAL CONSIDERATIONS – POINTS TOTAL 100** \_\_\_\_\_

**GRAND TOTAL – POINTS TOTAL 200** \_\_\_\_\_