

DUNCAN ANESTHESIA ASSOCIATES SCHOLARSHIP

The Duncan Anesthesia Associates Scholarship is for students attending the DRH Learning Center who have been accepted to an RN Nursing Program.

Eligibility:

- Must meet the enrollment criteria established an accredited nursing program residing in the DRH Learning Center.
- Maintain a 2.5 GPA while enrolled in the DRH Learning Center program.
- Demonstrate a financial need
- Must be a U.S. Citizen
- Must provide proof of acceptance in an accredited nursing program residing in the DRH Learning Center.
- Provide a transcript or other proof of current GPA.

Award Amount:

- Will be determined from the amount of the endowment's annual distributable income.
- The Duncan Anesthesia Associates Scholarship is renewable each semester only if the student maintains a minimum cumulative 2.5 GPA at the DRH Learning Center. (Student is responsible for providing appropriate transcripts to Duncan Regional Hospital Health Foundation (DRHHF) within 30 days of posting of grades, each semester).

Application Process:

- Attach the following documents to your completed application:
 1. Official transcripts of previous academic work and standing showing a cumulative GPA of 2.5 or greater;
 2. Verification of enrollment in an accredited nursing program residing in the DRH Learning Center (acceptance letter is sufficient);
 3. Validation of Oklahoma residency (photocopy of Oklahoma Driver's License);
- Two letter of recommendation sent directly to DRH Health Foundation at the address below by August 30th of the corresponding year.

Deadline:

The Duncan Regional Hospital Health Foundation (DRHHF) office must receive applications no later than August 27, 2010.

Notification:

Recipients will be contacted regarding the award of the scholarship.

Mail completed applications to:

Duncan Regional Hospital Health Foundation
C/o Cyndi Crook, Director
PO Box 2000
Duncan, OK 73534-2000

DUNCAN ANETHESIA ASSOCIATES SCHOLARSHIP

Name: _____ Social Security #: _____

Street Address: _____

(City) (State) (ZIP)
Telephone: _____ Birthdate: _____

If still living with parents:

Name of Mother: _____ Where Employed: _____

Name of Father: _____ Where Employed: _____

Others in the household and their ages: _____

How many children in your family will be college students next year? _____

Please state approximate household income: _____

If not living with parents:

Do you have a spouse? _____ If so, are they employed? _____

Are they full time or part time employed? _____

How many children are in your home and their ages: _____

Please state your approximate household income: _____

SCHOOL INFORMATION:

College Enrolled: _____

Major Declared: ASN BSN (Please circle answer)

Expected Graduation Date: _____

Current Grade Point Average: _____

Where do you plan to practice professional nursing?

List other scholarships or loans applied for:

List Scholarships received and amounts:

