

Jane E. Crawley Scholarship Application

NURSING AND ALLIED HEALTH

The Jane E. Crawley Scholarship provides funding for Moraine Valley Community College students who live in the college's district and have successfully completed 12 semester hours in an Allied Health or Nursing program.

Eligibility

1. Resident of Moraine Valley Community College District 524;
2. United States citizen or permanent resident;
3. Currently enrolled in an Allied Health or Nursing program; and
4. Successfully completed 12 semester hours of a Moraine Valley Nursing or Allied Health program with a grade point average (GPA) of 3.0 or above.

Provisions

1. The scholarship will provide tuition and, as funds permit, books, fees and transportation.
2. The scholarship will be awarded to the qualified applicant with the highest GPA.
3. The scholarship is renewable each semester if the recipient maintains a GPA of 3.0 or above.
4. In the event of a tie of the GPA, the recipient will be chosen based on need and commitment to the program.
5. In the event that the recipient is qualified for other funds based on need, the Jane E. Crawley Scholarship will provide funds not met by other agencies up to the amount of the student's demonstrated need.
6. The decision of the scholarship committee is final.

This application, along with the required attachment and an official Moraine Valley Community College transcript, must be received by Feb. 1 for the fall of the next academic year.

Last Name _____ First Name _____

Middle Initial _____ Social Security Number _____

Address _____ City _____

Telephone _____

United States citizen? ___ Yes ___ No If no, what is citizenship status? _____

Eligibility

1. In what Moraine Valley Allied Health or Nursing program are you currently enrolled?

2. Have you earned 12 semester hours in a Moraine Valley Allied Health or Nursing program?

3. Are you a recipient of any other awards, scholarships or financial aid?

If yes, what award(s)?

Attachment

Please attach a statement which addresses the following:

1. Why did you enroll in Moraine Valley's Nursing or one of the Allied Health programs?
2. What are your future plans?
3. In what community activities have you participated?
4. If you have held positions related to your program of study, please describe your responsibilities.
5. Why do you have need for this scholarship? Please state details on your need for financial assistance.

You must complete ALL sections in order for the form to be processed. Print, complete, and mail the form to Financial Aid Office, Moraine Valley Community College, 9000 W. College Pkwy., Palos Hills, IL 60465-2478. Or you can drop off the completed form to the Financial Aid Office in Building S, Room S107.