

Lucy French Brown Scholarship Fund

Rockland District Nursing Association, Inc.
PO Box 1713
Rockland, ME 04841

Lucy French Brown Nursing Scholarship

Lucy French Brown, R.N., a long time resident of Rockland and wife of Freeman Fletcher Brown, II, M.D., identified early on the emergence of a shortage of registered nurses. She dreamed of assisting individuals already working in the health care field with returning to school and obtaining a degree in nursing. Upon the death of Lucy French Brown in 1988 a scholarship fund was created in her memory, administered by Rockland District Nursing Association (RDNA), a community nursing service long supported by the Brown family.

One scholarship award of \$500 will be offered each year. As funds permit additional awards may be granted. Scholarship awards are based on financial need and college course grade point average. Applications determined to be complete are reviewed during the summer months, with award notifications mailed prior to the start of school in August. Awards will be sent directly to the award recipient. If a recipient is newly enrolled, the award will be distributed upon completion of the first semester. Applicants may reapply each year, as long as they are enrolled in an accredited nursing degree program.

Eligibility Requirements:

An applicant must:

- Be enrolled in an accredited nursing degree program
- Have previously worked in the health care or related field for at least three years
- Have a minimum G.P.A. of 3.0
- Be a resident of Knox County
- Not be listed as a dependent on another person's tax return

Due to Internal Revenue Service Guidelines, family members of the Selection Committee are not eligible for consideration.

Application Requirements:

- Completed Lucy French Brown Scholarship application form
- Verification of current enrollment in an accredited nursing degree program from the applicant's college/university
- Copy of transcript, or printed copy of all college/university grades
- Copy of a current resumé/curriculum vitae
- 3 references (name, address, telephone, relationship to applicant)
- Written statement (approx. 250 words) explaining why you are applying for this scholarship and why you are pursuing a nursing degree

Applications must be received by **May 31**.

Please mail completed application packets to:

Rockland District Nursing Association
Attn: Lucy French Brown Scholarship Committee
PO Box 1713 Rockland, ME 04841.

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Lucy French Brown Nursing Scholarship

Name: _____

Mailing Address: _____

Telephone Number: _____

College/University Attending: _____

Proj. Graduation Date: _____

Grade Point Average: _____

Upcoming Year in School: _____

Total # in household: _____

of dependents: _____

Are any dependents attending college/university? _____

How many: _____

Explain any unusual family situation the Committee should be aware of:

List other financial assistance applied for:

Projected Annual Household Income & Expenses:

Household Expenses for the Year:

Household Income for the Year:

Rent/mortgage: _____

Wage Income: _____

Transportation: _____

Other: _____

Child Care: _____

TOTAL: _____

Applicant's Projected Annual Education Expenses & Financial Aid:

Tuition: _____

Total Financial Aid: _____

Books: _____

TOTAL: _____

I understand that if I receive this scholarship, I am committed to do my best to complete the degree course in nursing in which I am enrolled and authorize the Rockland District Nursing Association to include my name and school affiliation in public announcements regarding the scholarship.

Signature _____

Date _____

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