



KARLA FOSTER, R.N. MEMORIAL SCHOLARSHIP FOR NURSING SCHOOL

In recognition of the generous support given to the Jess Parrish Medical Foundation (JPMF) and Parrish Medical Center (PMC) by members of the community, we have developed the following opportunity to assist a nursing student with educational expenses. The scholarship was established by Doug Foster in loving memory of his wife, Karla, a PMC nurse for over 22 years. It honors Karla and the professionalism, commitment, dedication and loving care that she demonstrated all her life.

A new or currently enrolled nursing student is eligible to apply for the Karla Foster, R.N. Memorial Scholarship. Two (2) awardees will each receive awards of \$1,500 or more to be applied towards tuition, books, supplies or other expenses related to completing the student's nursing program.

APPLICATION DEADLINE

Postmarked by: Friday, August 19, 2022

APPLICATION SHOULD BE MAILED OR HAND-DELIVERED TO:

**Jess Parrish Medical Foundation
Attn: Matthew Morak
P.O. Box 2969
Titusville, FL 32781
921 N. Washington Avenue
Titusville, FL 32796**

SCHOLARSHIP CRITERIA

Only students accepted or enrolled in a nursing program and residing in the PMC service area (SR-528 North to the Brevard/Volusia County line) are eligible. Applicants must have at least a 3.0 GPA to be considered. Please use this application form to submit all information.

Applicants must submit the following:

- Return completed application form with response answers typed. Make sure to answer items #1-5 under Accomplishments/Experience exactly as listed and in the order listed. Referencing an attached resume will not be accepted. Incomplete or unsigned applications will not be accepted.
- Essay (250–500 words) describing your career goals, reasons for pursuing healthcare profession, and how a scholarship will assist in obtaining your goals.
- Acceptance letter to an accredited college/university nursing program. If you are currently enrolled, an acceptance letter is not required; an official transcript will be acceptable.
- **If applicable**, an official transcript through the previous semester from a regionally accredited two-or four-year college/university.
- Three letters of reference, including one from someone in the academic field and two from people not related to you. Recommendation letters should be written in the last six months.



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CONTACT INFORMATION (Print Clearly)

Name: _____ Telephone: _____

Mailing Address: _____

Email: _____

NURSING PROGRAM

Name of College/University: _____

Name of Nursing Program: _____

Projected Graduation Date (Month/Year): _____ Cumulative Unweighted GPA: _____

ACCOMPLISHMENTS / EXPERIENCE (Type Responses and Attach to Application)

Please type responses for the Accomplishments/Experience section on a separate sheet of paper and attach to your application. Make sure to answer items #1-5 exactly as listed and in the order listed. Referencing an attached resume will not be accepted. If an item does not apply to you, write "N/A" for that item and keep in the order listed.

- 1. Area of nursing you're interested in and why**
- 2. Honors and Awards received**
- 3. Extracurricular and Leadership Activities while in college**
- 4. Community/Volunteer Activities and Work Experience** – Please describe past and present community/volunteer and employment while in college, to include number of hours worked and/or volunteered.
- 5. Affiliation with Parrish Medical Center/Jess Parrish Medical Foundation** – Please describe any personal or family affiliation you have with Parrish Medical Center or Jess Parrish Medical Foundation.

I hereby allow Parrish Medical Center and Jess Parrish Medical Foundation to review my application, transcripts on file, and other pertinent information. I hereby attest that all of the submitted information is true, and that I agree to the terms of this scholarship.

Student Signature: _____ Date: _____