

DUE DATE:
MARCH 1, 2023

MARY L. CAIN SCHOLARSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ MOBILE: _____

SOCIAL SECURITY NUMBER: _____

STUDENT EMAIL: _____

HIGH SCHOOL COUNSELOR: _____

COUNSELOR EMAIL: _____

UNIVERSITY / COLLEGE: _____

GPA: _____ CLASS RANK: _____

Scholarship covers full cost of tuition, books, lab fees, room and board while student is enrolled in and progressing toward a nursing degree.

QUALIFICATIONS:

- Be Female
- Accepted as a full-time student into a Indiana accredited university or college to pursue a Registered Nursing Degree
- Cumulative GPA of 2.67 or higher
- Financial Need

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:

- Letter of Acceptance
- Essay of 500 words that responds to how this scholarship will help you complete your career goals.
- Most recent transcript
- Extracurricular Statement - List activities in and out of school
- Financial Statement (see attached)

I understand that any scholarship funds awarded are valid for RN Nursing Degree only.

I certify that the information I have provided above is true, and I understand that any misstatement of fact shall be cause for disqualification from participation in the Mary L. Cain Scholarship.

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

MARY L. CAIN SCHOLARSHIP

FINANCIAL STATEMENT

NOTE: The financial statement must accompany the application when it is completed. "Financial Need" is one of the criteria used to determine eligibility for scholarships.

APPLICANT'S NAME: _____

NUMBER OF IMMEDIATE FAMILY MEMBERS: _____ NUMBER OF CHILDREN IN COLLEGE: _____

NAME AND AGES OF IMMEDIATE FAMILY:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NET WORTH

Net Worth is defined as the value of all real estate, businesses, bank and investment accounts, motor vehicles and other assets minus any and all debts owed by the family, or by each parent if living apart.

CHECK ALL THAT APPLY:

(if parents live separately)

NET WORTH:	FAMILY	FATHER	MOTHER
\$0 - \$100,000	_____	_____	_____
\$100,000 - \$250,000	_____	_____	_____
\$250,000 - \$500,000	_____	_____	_____
Over \$500,000	_____	_____	_____

INCOME

Income is defined as the gross income as reported for the most recent year on each parent's Form W-2 or other financial earning statements such as K-1 or tax returns for the applicant's family or by each parent if living apart.

CHECK ALL THAT APPLY:

(if parents live separately)

GROSS INCOME:	FAMILY	FATHER	MOTHER
\$0 - \$50,000	_____	_____	_____
\$50,000 - \$100,000	_____	_____	_____
Over \$100,000	_____	_____	_____

I affirm, under the penalties for perjury, that the foregoing information is true and correct.

Applicant's Signature

Date

Father's Signature

Date

Mother's Signature

Date