

INSTRUCTIONS

Please read carefully. All parts of the application must be submitted in one packet, all together and be grammatically correct and single sided. Information sent separately or after the due date will not be accepted for any reason.

1. THE APPLICATION FORM: All items on the application must be fully completed.
2. CRITERIA STATEMENT: Written by you, your Criteria Statement must discuss your most significant accomplishments in each of the three criteria: Leadership, Obstacles Overcome and Community Service. The Criteria Statement must be no more than two pages, font size must be no smaller than 11 points and it must be printed on one side only on standard 8.5x11" paper. Please clearly title each section (Leadership, Obstacles Overcome, Community Service) and write in paragraph form.
 - **Leadership:** Your Criteria Statement will be the main focus of the judges. Judges look for descriptions of meaningful accomplishments, lists of activities or achievements. Use examples of continuing leadership; not just brief, single events.
 - **Obstacles Overcome:** Describe the most significant personal difficulties, challenges or disadvantages you have faced and how you overcame the obstacle(s) and made the most of the resources, support and opportunities from your community, family and school to help overcome these obstacles. Obstacles may be economic, emotional, social, physical or geographic.
 - **Community Service:** Describe in paragraph form in your Criteria Statement two unpaid volunteer activities in which you have participated and the duties/responsibilities and accomplishments/results. Community service is NOT attending organization or nonprofit meetings, caring or doing services for family members (babysitting, for example).
3. COMMUNITY SERVICE VERIFICATION STATEMENT: An adult representative from the organization(s) where your Community Service was performed will complete and sign this form.
4. REFERENCE LETTER: Your application must include a letter written and signed by an adult not related to you who verifies and supports the information in your criteria statement. This must be no longer than two pages, single sided.
5. GRADE TRANSCRIPT: Will be requested only to break a tie. Please state your GPA on your application form.
6. DEADLINE FOR SUBMISSION: Your completed application package containing the application form, the criteria statement and reference letter(s) must be postmarked on or before May 15, 2025. All application packages become the property of the

Manhattan Public Schools Foundation and will not be returned.

SEND APPLICATION TO:

Manhattan Public Schools Foundation Board
PO Box 1223
Manhattan, Montana 59741

CHECKLIST TO MAKE SURE YOUR APPLICATION PACKAGE IS COMPLETE:

- Application Form
- Criteria Statement (two single-sided pages or less)
- Community Service Verification Statements (2)
- One Reference Letter (two single-sided pages or less)

Debra Seeman Platisha Nursing Scholarship APPLICATION (REVISED April 2025)

One \$750 scholarship will be awarded to a graduating senior from Manhattan Public Schools for the school year 2025-2026, to be paid to the (accredited) school or post high school education of choice after graduation. Criteria for awarding the scholarships is listed below.

1. WHO IS ELIGIBLE?

Any high school senior, as of September 2025, is eligible to apply if he/she meets these qualifications:

- Is enrolled and will be graduating from Manhattan Public High School, Manhattan, Montana.
- Has a cumulative grade point average (GPA) of 2.75 or above on a 4.0 scale for the previous two- and one-half academic years (10th grade through first semester 12th grade).
- Plans to continue their education or training beyond high school in any US accredited training, licensing or certification program or institution of higher education.
- Intends to pursue a career in nursing (RN, LPN, NP) or related medical field of study. This could include allied health fields, laboratory and diagnostic health fields, and public health fields.
- Shows evidence of being a hard worker, conscientious student and community-oriented individual.

2. SELECTION OF THE WINNERS

The Scholarship Winner is selected on the basis of the information submitted in each student's application by the Manhattan School Foundation.

3. WHAT IS THE APPLICATION DEADLINE?

The postmark deadline for application is May 15. Application packages may not be faxed or emailed.

4. WHAT DO JUDGES LOOK FOR?

Judging is based on outstanding achievements in many areas of your life. While in 10th-12th grades, first semester, your cumulative GPA must be at least 2.75 on a 4.0 scale. You must also demonstrate accomplishments in three criteria areas:

- Leadership
- Obstacles Overcome
- Community Service

5. HOW CAN the Debra Seeman Platisha Nursing SCHOLARSHIP BE USED?

Winners may use the scholarships for enrollment and tuition, fees, books, supplies and equipment required for course instruction at accredited post-high school training institutions. The scholarships help pay for training that leads to certification

in a trade school, technical school, graduation from a two-year college or four-year university. The applicant must pursue a career in nursing or other allied health field.

Winners must provide proof that they graduated from Manhattan Public High School and that they are enrolled in a U.S. accredited, post-high school, education or training program. Any award amount beyond the cost of educational expenses will be returned to the Foundation. In the event there are no applicants from the senior class in a given year, prior recipients still pursuing a nursing degree are eligible to apply for a second installment.

***REMEMBER:** The application **MUST** be postmarked on or before **May 15, 2025**.

DEBRA SEEMAN PLATISHA NURSING SCHOLARSHIP APPLICATION FORM

PLEASE TYPE OR PRINT LEGIBLY IN BLACK BALLPOINT PEN.

Last Name _____ First Name: _____ Middle Initial ____
Date of Application: _____ Home Phone _____
Home Address _____
City _____ State _____ Zip _____

GPA AVERAGE FROM 10-12th Grade: _____
(first semester of 12th grade is all that is requested)

Post-Graduation Plans:

Career I'm most likely to pursue: _____

I certify that the information on this form and application package is subject to verification by the Manhattan Public Schools Foundation, INC.

Applicant's Signature _____

Parent/Guardian Signature _____

Parent/Guardian's Name _____

Daytime Phone _____ Email Address _____

DEBRA SEEMAN PLATISHA NURSING SCHOLARSHIP APPLICATION

COMMUNITY SERVICE VERIFICATION STATEMENT

Please have your community service representative verify your service by filling out the form below for each community service activity that you included in your application.

ACTIVITY #1 By completing the following statement you verify that all the community service described is true and accurate to the best of your knowledge.

NAME OF ACTIVITY: _____

NAME OF ORGANIZATION if applicable: _____

I certify that _____ (applicant name)

Participated in the above activity.

of hour(s): _____

Date(s): _____

Name _____

Signature of person verifying service _____

Title _____ Daytime Phone _____

ACTIVITY #2 By completing the following statement you verify that all the community service described is true and accurate to the best of your knowledge.

NAME OF ACTIVITY: _____

NAME OF ORGANIZATION if applicable: _____

I certify that _____ (applicant name)

Participated in the above activity.

of hour(s): _____

Date(s): _____

Name _____

Signature of person verifying service _____

Title _____ Daytime Phone _____