



# BETHEL VISITING NURSE ASSOCIATION

70 Stony Hill Road • Bethel, CT 06801 • Phone (203) 792-0864 • Fax (203) 730-8053

## MARY EDNA CARGILL SCHOLARSHIP

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If married, Spouse's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Total family income for past year \_\_\_\_\_

Do you reside with:    Both Parents                  Mother                  Father                  Other (specify)

List siblings residing at home or currently in private school or college:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Are you currently attending college Yes/No – If yes, name of school \_\_\_\_\_

If no, name of college you are planning to attend \_\_\_\_\_

Have you been accepted by this college? Yes/No -- Major field of study? \_\_\_\_\_

Anticipated school expenses: Tuition \_\_\_\_\_ Room and Board \_\_\_\_\_

Books and Fees \_\_\_\_\_ Total cost per year \_\_\_\_\_

List recent employment you have had:

\_\_\_\_\_  
\_\_\_\_\_

Activities - School / Community (List activity, any offices held, awards received)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required References (2 persons, not relatives - 1 faculty member, 1 community member)

Name

Address

Phone

\_\_\_\_\_  
\_\_\_\_\_

\* Please attach most recent school transcript.

\* Please submit a brief, type written essay (no more than one page) on why you wish to be considered for this scholarship, your goals for the future and any other information you feel pertinent for the selection committee to consider.

I certify that all of the information on this form is true and complete to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_

(applicant's signature)

# **BETHEL VISITING NURSE ASSOCIATION**

## **Mary Edna Cargill Scholarship**

Bethelvna.org

### **QUALIFICATIONS**

The Mary Edna Cargill Scholarship is awarded to one or more Bethel residents enrolled in or accepted to a degree program related to the Health Field. Special consideration shall be given to those pursuing a degree in nursing, speech therapy, physical therapy or occupational therapy. However, any other health related field shall also qualify.

Applications must be completed on or before May 1st, and returned to:

The Bethel Visiting Nurse Association, Inc.  
70 Stony Hill Road  
Bethel, CT 06801

A Scholarship committee will review the applications and select the recipient (s).