



BETHEL VISITING NURSE ASSOCIATION

PROVIDING EXCEPTIONAL HOME HEALTH CARE SINCE 1927

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 reference letter from each of the following: (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)

www.bethelvna.org

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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).

