

# THE DIANA JOYCE DOROS ENDOWED SCHOLARSHIP

## McKendree University Fall Scholarship Application

### Description:

This endowed scholarship fund makes available \$5,000 awards disbursed over the duration of the program for students pursuing a Bachelor of Science Degree in Nursing (BSN). The Doros family gifted \$750,000 in an endowed scholarship, in memory of their daughter Diana Joyce Doros, in recognition to the nurses who helped and cared for Diana, who passed away from cancer in 1994.

Completed applications must be submitted by July 15 to: Online Nursing Admissions, McKendree University, 701 College Road, Lebanon, IL 62254, [online@mckendree.edu](mailto:online@mckendree.edu) or fax to 618-537-6530. Questions call: 618-537-6507.

### Eligibility and Criteria:

1. Must be admitted or enrolled in the Bachelor of Science in Nursing (BSN) Completion Program.
2. BSN: minimum 2.5 GPA in undergraduate program to apply.
3. Not be eligible/receiving employer tuition reimbursement. (If the company **offers** reimbursement, you will be excluded from scholarship consideration)
4. Must submit a current resume.
5. Must submit a two- to three-page personal and professional reflection demonstrating your motivation for higher education, aspirations, projected impact the scholarship will make on your nursing practice and anticipated timeline for completing the program.

Areas of consideration include:

- a. Linking personal nursing practice with the values of nursing.
  - b. Dedication to strengthening the nursing workforce.
  - c. Value of lifelong learning.
  - d. Contribution to the community's health and well-being.
6. Must submit one-page statement showing demonstrated financial need (self-proclaimed).
  7. Must have a FAFSA for the upcoming academic year on file with McKendree. Check with the financial aid office at (618) 537-6827 to confirm the FAFSA was received. Students that receive MAP/PELL grant will be excluded from scholarship consideration.
  8. Maintain a minimum of 2.5 GPA throughout the McKendree program.

### Payment Schedule

The tuition scholarship will be issued in August prior to the fall semester at McKendree University and disbursed over the duration of the program.

I understand the terms of this scholarship and agree to them. I also understand that if during my enrollment I should receive employer reimbursement or MAP/PELL grant, the scholarship will be ceased.

Name \_\_\_\_\_ Date \_\_\_\_\_

Last Four of Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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