

Martin County Community Foundation
A partner in the Community Foundation Partnership, Inc.

Terri Sullivan Callaway Scholarship Application

The Terri Sullivan Callaway Scholarship was established in 1999 to provide a legacy for Terri Sullivan Callaway. Terri passed away in 1998. Her scholarship addresses a vital need in all of our communities: the shortage of trained nurses upon which the sick and elderly depend.

Who is Eligible to Apply?

The application is open to both **traditional** and **non-traditional students**. *Traditional students* are defined as those who transition straight from high school to college, university or a vocational school. The Community Foundation defines *Non-Traditional students* as those who have taken one or more years between high school and are now enrolling in a higher education program.

An eligible applicant must be a current high school senior who will graduate from a high school in Martin County, Indiana or a Non-Traditional student who is a resident of Martin County, Indiana. All applicants must meet the following criteria:

- The applicant must be a member of a Christian faith church
- The applicant must have been accepted into a school for continuing education
- The applicant recipient must be pursuing a career in the field of nursing
- Priority to members of St. John Catholic Church in Martin County, Indiana

APPLICATION INSTRUCTIONS – Paper Clip (do not staple) the following information:

Completed Application Form (print or type)

Official High School Transcript or copy of GED

One Letter of Recommendation (from teacher, coach, clergy or employer)

Written Essay –In 500 words or less, please describe the following:

- Your personal and educational goals
- Your volunteer experiences
- Your plans for your career in nursing.

APPLICATION DEADLINE – Must be returned by March 15, 2019 to:

Community Foundation Partnership

Attn: Programs Coordinator

P.O. Box 1235

Bedford, IN 47421

Terri Sullivan Callaway Scholarship Application

Please check all that apply:

- I am a High School Senior graduating from _____ on _____
(Name of High School) (Month/Year)
- I am a Non-Traditional Student
- I will be attending college in the Fall of current year
- I will be pursuing a degree in Nursing
- I am a resident of Martin County

APPLICANT INFORMATION

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Date of Birth: _____ E-Mail: _____
Month/Day/Year

Telephone Number: (____) _____ Cell Phone Number (____) _____

Church Parish: _____

I have been accepted to the following college/university _____

PERSONAL STATEMENT OF NEED

Describe any special family *circumstances* (*unusual/unexpected* expenses, loss of income etc.) that may affect your ability to attend college.

By signing below, I agree that all the information provided in this application is true.

Signature