

The Brenda A. Ross Memorial Nursing Scholarship

The Brenda A. Ross Memorial Nursing Scholarship Fund was established in memory of Brenda A. Ross. Brenda A. Ross was killed in an automobile accident on January 12, 1987. Miss Brenda A. Ross was employed at Charles Cole Memorial Hospital, as a registered nurse, from 1985 until her death.

At the time of her death, her parents established the Brenda A. Ross Memorial Nursing Scholarship Fund. The intent was that through the initial funding and donations, that the Scholarship Fund would produce sufficient income to provide for one Five Hundred Dollar (\$500.00) scholarship annually.

The fund was established to provide a scholarship to a high school graduate, choosing nursing as a career, from the Bucktail High School in Clinton County, or a high school in the Potter, McKean, Cameron, or Tioga county area. The scholarship will be presented to the candidate emulating the characteristics, which made Brenda such an asset to the nursing profession and the community. If there are no candidates for the scholarship then the candidate will be selected from the applicants for the Cole Memorial Hospital Nursing Scholarship Program.

The recipient of the Brenda A. Ross scholarship is not obligated, as a result of receiving the award, to an employment commitment with Cole Memorial Hospital. However, if the recipient of the scholarship comes from the candidates of the Hospital's Nursing Scholarship Program, their employment commitment will not extend or alter as a result of this scholarship.

To apply for the Brenda A. Ross Memorial Scholarship the candidate must provide the following information:

1. A formal letter requesting consideration for the scholarship from the applicant.
2. A completed Brenda A. Ross Memorial Scholarship application.
3. A copy of student's most recent grade transcripts.
4. Proof of acceptance in an approved nursing program.
5. Three letters of reference.

A committee designated by the Hospital will interview applicants meeting the approved requirements. Application packets should be completed and forwarded to:

Cole Memorial Hospital
Human Resources Department
1001 East Second Street
Coudersport, PA 16915

Brenda A. Ross Memorial Scholarship

APPLICATION FOR SCHOLARSHIP

Personal Information:

Name: _____ Date: _____
(Please Print: Last, First, Middle and/or Maiden)

Present Address: _____ Phone: _____
(Number and Street, City, State and zip code)

Are you over the age of 18? _____ Yes _____ No Social Security Number: _____

Are you a resident of Pennsylvania? _____ Yes _____ No

If yes, how long have you been a resident of Pennsylvania? _____

Criminal Background: Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? _____ Yes _____ No
If yes, please give the particulars including the type and date of the offence:

Note: A conviction will not necessarily disqualify an applicant, however, there are specific criminal convictions that prohibit healthcare employment under the Pennsylvania Older Adults Protective Services - 169 Act and under the Child Protective Services Law (CPSL) - Act 179 of 2006 and Act 73 of 2007 and others that may relate to your suitability for employment in the position for which you are applying.

Educational Record:	Name and Address	Circle Grades Completed	Anticipated date of graduation
Elementary School	_____	1 2 3 4 5 6 7 8	
High School	_____	9 10 11 12	_____

Please provide an official copy of your most recent grade transcript.

Scholarship Interest:

What healthcare program are you attending? _____

Name of the college, university or school you are planning to attend: _____
(Please attach a copy of your acceptance letter.)

Will you be a full time student? _____ Yes _____ No

If you will not be a full time student, please explain: _____

Are you receiving any other scholarships? _____ Yes _____ No Name of Scholarship _____

Are you currently employed? _____ Yes _____ No

References: Please provide and attach three letters of references. Do not use relatives. List persons whom you have known for at least five (5) years.

Applicants Statement: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools or persons named above and in the letters of reference provided by me to give any information regarding my employment, character and qualifications, together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void.

Applicant's Signature: _____ **Date:** _____