

Anna Paul & Harry Paul Memorial Nursing Scholarship

Marshalltown Community College

IOWA VALLEY COMMUNITY COLLEGE DISTRICT

3700 South Center Street • Marshalltown, IA 50158

Phone: (641) 752-7106 or 866-MCC-IS-IT

MarshalltownCommunityCollege.com



Application Criteria:

- ◆ Must be a Marshall County high school graduate or a resident of Marshall County
- ◆ Must have participated in extra-curricular high school activities and/or be active in community activities
- ◆ Must have good writing and communications skills
- ◆ Must be from a family with a religious background
- ◆ Must file a *Free Application for Federal Student Aid* (FAFSA)
- ◆ Must be a full-time student and show financial need
- ◆ Must have successfully completed the PN Program and be ready to begin the ADN Program

Return completed application to:

Marshalltown Community College
Financial Aid Office
3700 South Center Street
Marshalltown, Iowa 50158

Name _____ Soc. Sec. # _____
Last First MI

Address _____
PO Box/street address City State Zip Code

Phone _____ Sex: Female Male Date of Birth ____ / ____ / _____

Marital Status: Single Married Marshall County Resident? Yes No

What high school did you graduate from? _____ Date graduated _____

Religious preference _____

Scholastic honors _____

Honors and/or recognitions received _____

Extra-curricular activities in high school or community _____

Employment History (Include Military Experience)

Name of Company/Business	From	To	Position	Name & Title of Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal References

	Reference #1	Reference #2
Name	_____	_____
Address	_____	_____
City, State, Zip Code	_____	_____
Phone Number	_____	_____
Employer	_____	_____
Title	_____	_____

Family

Parents/Spouse: _____

Siblings/Children: _____

_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age

How much annual financial support will you receive from your parents/spouse or other sources? \$ _____

In the space below, explain the reason(s) you need this scholarship. Use as much detail as necessary to describe your financial situation. PLEASE PRINT

If the recipient of this scholarship discontinues the nursing program for any reason, plans for repayment shall be established. This provision may be appealed to the committee administering the scholarship.

I certify that the information on this application is correct and complete, and I hereby authorize the MCC Financial Aid Office to release information concerning other assistance I may be receiving to the Anna & Harry Paul Nursing Scholarship Selection Committee.

Signature of Applicant

Date