



The Madelyn Nicole Greene Memorial Nursing Scholarship is in honor of our 4-year-old daughter Maddy, who died Jan. 16, 2014, of neuroblastoma (a rare form of childhood cancer). This memorial scholarship will be awarded to students who plan to become nurses. While she was blessed to have many great doctors, specialists and techs here in Freeport and, primarily, at American Family Children's Hospital (AFCH) in Madison, Wis., where she was treated for 13-plus months, Maddy was particularly touched by the many outstanding nurses. Homecare nurse Miranda Kristen, AFCH primary nurses Wanda Meeteer and Natasha Kessenich, and many other nurses made a tremendous impact on Maddy and our family. We hope this scholarship keeps Maddy's spirit and love alive and reminds us of the importance of nurses.

Madelyn Nicole Greene Memorial Nursing Scholarship Spring 2024 Application

Purpose: To provide scholarships to Aquin, Dakota, Freeport, Lena-Winslow, Orangeville and Pearl City high school students, and other Stephenson County resident college students going into the nursing field.

Award Components: Scholarship is in the amount of \$500 and will be awarded to at least one (1) applicant per year. Students are eligible to reapply for this scholarship from year to year.

Criteria:

1. Must be pursuing a career in the nursing field at an accredited college or university
2. Must carry at least 6 college credits per semester
3. Minimum GPA of 2.5 on a 4.0 scale
4. Resident of Stephenson County
5. Must demonstrate community involvement

Deadline: Application must be received by mail or e-mail no later than **Sunday, June 23, 2024** (no exceptions)

Application Process: Applicant must submit the following items:

- Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation of career goals and biographical (background) information, including any experience in the nursing field and future plans.
- Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds.
- Most recent high school or college transcript with cumulative grade point average and a class standing/rank (if applicable).
- Completed application form
 - Be sure to accurately and thoroughly answer all 15 questions, including the short-answer questions and personal essay. Incomplete applications will not be considered.
 - If any question does not apply to you in this application, please put "N/A" in the space.
 - Applications that do not include the scholarship applicant's signature under the "Statement of Accuracy" will not be considered.

Notes:

- Scholarship check will be made payable to the respective institution on behalf of the winner(s).
- Scholarship must be used for tuition, books, lab, equipment and research fees.
- You will be notified by email regarding the status of your application.
- If you have any questions about the application, please e-mail the Scholarship Committee at maddynursingscholarship@yahoo.com

Please e-mail completed application to maddynursingscholarship@yahoo.com **OR** mail to Maddy Nursing Scholarship, P.O. Box 839, Freeport, IL 61032

Madelyn Nicole Greene Memorial Nursing Scholarship Application 2024

<u>Typed or word-processed applications preferred.</u>					
1.	Last Name: _____	First Name: _____			
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____				
3.	E-mail address: _____				
4.	Daytime Telephone Number: () _____				
5.	Date of Birth: Month Day Year				
6.	Current High School or College: _____				# of years attended: _____
7.	I will be attending the following school in the <u>Fall of 2024</u> : _____ <i>Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.</i>				
8.	I will be entering the above-mentioned school in the fall 2024 as a: <u>(Circle one)</u> College Graduate student College Freshman College Sophomore College Junior College Senior				
9.	Grade Point Average (GPA): _____ (On a 4.0 scale) <i>Attach proof of GPA, your most recent school transcript required. Minimum GPA of 2.5 (on a 4.0 scale) required to be eligible.</i>				
10.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____				
11.	List the name of any other high school(s) or college(s) you have attended.	Year Began	Year Ended	Year Graduated <i>(If applicable)</i>	Type of Degree Received <i>(If applicable)</i>
	A.				
	B.				
	C.				
12.	What do you plan to major in as you continue your education? <i>(Must be pursuing a career in nursing field to be eligible.)</i>				

13.	Short-Answer Question Why do you want to become a nurse? (Max. 300 words)
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14.	Short-Answer Question List your extracurricular, community and volunteer activities. (Max. 300 words)
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16.	A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.		
	B. Your application will be rejected if these items are not attached. (No exceptions.)		
	C. Circle "YES" or "NO" to be sure you have attached each item as required.		
	YES	NO	
	YES	NO	Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation of career goals and biographical (background) information.
	YES	NO	Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds. Scholarship check will be made payable to the respective institution on behalf of the student.
	YES	NO	Most recent high school or college transcript. Photocopies of your transcript are <u>acceptable</u> for the application. If selected as scholarship recipient, <u>official</u> transcripts may be requested before the scholarship will be awarded.
	YES	NO	Completed application form. Must include completion of short-answer questions, personal essay question and scholarship applicant's signature to "Statement of Accuracy" listed below.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture and information may be used for any purpose deemed necessary to promote the scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at an accredited college or university before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

REMEMBER

The deadline for this application to be received by the committee is **Sunday, June 23, 2024.**

No exceptions! Thank you for your interest in this scholarship!!