The Adelman Family Foundation, Inc.
562 Baldwin Avenue, Unit #2
Meriden, Connecticut 06450
203-631-5255
e-mail: gadelman@gmail.com

Nursing Career Scholarship Application
Filing Deadline is May 2, 2011

GENERAL INSTRUCTIONS:
Eligibility: Must be a resident of Meriden, Connecticut at the time of
graduation from high school or a graduate from a high school
located in Meriden, Connecticut.

Must be planning to pursue a career in nursing through either a
BSN program or any program that would make the student eligible
to sit for the Connecticut Registered Nurse Examination.

Must be able to demonstrate a history of civic or community
involvement.

Must be able to demonstrate a financial need for the scholarship
assistance.

SUPPORTING DOCUMENTS:
Please attach to your application the following:
   a. An official copy of your transcript;
   b. three (3) letters of recommendation supporting your
      application; and
   c. a copy of your acceptance letter to the college or
      program of your choice. If you have not been accepted
      as of yet, please indicate the school(s) or program(s) to
      which you have applied.
Adelman Family Foundation Scholarship Application, page two

PART ONE:

Name

Address

Telephone

Email address

Date of Birth

High School

Guidance Counselor

College you will attend

Name of parents

(Guardians)

PART TWO: (If additional space is needed for your replies to this portion of the application, please use 8 ½ x 11 inch paper with your name on top)

List school activities:
List non-school activities:

Discuss why you have chosen nursing as a profession:

How will this scholarship award assist you in completing your nursing education?
PART THREE:

What was your total family gross income for last year?

What is your estimated total family gross income for the current year?

Do you have any siblings? If so, please indicate their ages and whether or not they are in school.

Do you anticipate your family’s income decreasing or increasing by more than 10% in the next several months? If so, please explain the reason for the anticipated change.

Signature of Applicant

Date of Application

The financial information contained in this application is correct to the best of my knowledge and belief. I understand that the selection committee will rely on this information.

Signature of Applicant’s parent or guardian