



**Sierra Vista Regional Health Center Foundation
Robert C. Mann
Scholarship Application
Cochise College Nursing Program**

**Applications Must Be
Postmarked by
April 9, 2010**

These scholarships are made possible through a special contribution by the Robert C. Mann family. Scholarships range from \$500 to \$1,000 based on merit and need, and will be awarded to a local student or students who have taken the NET (Nursing Entrance Test) and have been accepted into the Cochise College Nursing Program. Successful applicants will be notified in May, with funds deposited in their student account in early August for the fall semester. Send completed applications to: Eva Dickerson, SVRHC Foundation, 300 El Camino Real, Sierra Vista, AZ 85635. Late applications will not be reviewed.

Items of Importance

1. Applicant or applicant's parents must have resided in the community for a period of at least one year.
2. Applicant must have successfully completed high school.
3. Applicant must provide references on academic and personal character, along with records demonstrating academic standing.
4. Recipient must be enrolled in the Cochise College Nursing Program.
5. Recipient must maintain a full-time student status.
6. Decision will be based on several factors, including academic excellence, personal character and financial need.

Date: _____

Applicant's Name: _____
(First) (Last) (MI)

Address: _____
(Street) (Apt)

(City) (State) (Zip)

Telephone: _____

Length of time you and/or your parents have resided in this community: _____

Name of High School Completed: _____

(Please attach copies of final transcript and/or diploma)

Are you enrolled in Cochise College? Yes No

If not, will you be enrolled for the Fall Semester? Yes No

(Please attach copies of letter of acceptance and/or registration)

Academic References:

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Personal References:

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Have you applied for or been awarded any other scholarships?

If yes, please list the scholarship, the amount, and indicate whether you have just applied or whether you have applied and been awarded the scholarship.

Scholarship	Amount	<input type="checkbox"/> Applied	<input type="checkbox"/> Awarded
Scholarship	Amount	<input type="checkbox"/> Applied	<input type="checkbox"/> Awarded
Scholarship	Amount	<input type="checkbox"/> Applied	<input type="checkbox"/> Awarded
Scholarship	Amount	<input type="checkbox"/> Applied	<input type="checkbox"/> Awarded

Please give a brief synopsis of your career goals and why you believe you should be awarded this scholarship. A separate sheet may be used.

Briefly describe your financial circumstances and how this scholarship will help you. A separate sheet may be used.
