



**Application for:**  
**Karen Susan Draper Memorial Scholarship for Nursing**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Accepted into program at: \_\_\_\_\_

Student ID # \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Coursework: LPN RN BSN MSN

Why have you chosen to pursue this area of study? \_\_\_\_\_

What have you contributed to your school and/or community toward quality improvement? \_\_\_\_\_

Are you receiving financial aid from other source(s)? Yes ☐ No ☐ If so, from where? \_\_\_\_\_

High School attended: \_\_\_\_\_  
(School) (City) (State)

Other College(s) attended: \_\_\_\_\_  
(School) (City) (State)

Are you employed? Yes ☐ No ☐ If so, where: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

Do you have any relatives employed by Marwood Nursing & Rehab or its affiliates?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

**Attach the following information to application:**

- ☐ Confirmation of Acceptance into accredited qualifying program
- ☐ Letter of support from instructor or counselor
- ☐ Letter of support of your choosing (i.e., personal, employer, etc.)
- ☐ Most recent official transcript