

**Washington State Council of  
Epsilon Sigma Alpha International Service Organization  
"Roberta Smith Nursing Scholarship"**

Dear Scholarship Applicant:

The **Roberta Smith Nursing Scholarship** will be awarded by the Washington State Council of Epsilon Sigma Alpha International Sorority to an individual college student enrolled in a **certified/accredited registered nursing program** or **post graduate program in nursing** meeting the following requirements:

1. The applicant shall be a student attending an accredited school of nursing for **Registered Nurses** in the State of Washington or post graduate program.
2. The applicant shall be a Washington State resident.
3. The applicant shall be at least a **second year student** of an accredited nursing program for **Registered Nurses**.
4. The applicant shall be planning to graduate from an accredited program leading to an Associate of Arts or Baccalaureate degree in nursing.
5. The applicant shall be in need of financial assistance....please be specific.
6. The scholarship of \$500.00 shall be awarded without regard to race, religion or national origin.

Selection will be made annually in March and the scholarship awarded with verification **of fall** registration for at least the minimum amount of credits needed to comply with full time status. The criteria for this scholarship are based on your personal goals, achievements and needs.

The application packet **must** be postmarked by February 15 annually and **must** include the following:

1. Signed and completed application form.
2. A sealed copy of your transcript.
3. Three (3) **signed** and sealed letters of recommendation from individuals familiar with your abilities and potential for success. At least one letter must be from a teacher or professor.
4. Please submit a typed narrative of **200 words or less** on:  
What prompted you to enter the registered nursing field or to further your nursing education?
5. Proof of residency in the State of Washington

**Please mail your completed packet to:**

Jean Merrill, Scholarship Chairman  
3732 S Tekoa  
Spokane WA 99203  
509 747-2840

**“ROBERTA SMITH NURSING SCHOLARSHIP”  
APPLICATION FORM**

Full Name of Applicant: \_\_\_\_\_

Mailing Address (city/state/zip):  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Student ID #: \_\_\_\_\_ Year of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ No. of children \_\_\_\_\_ No of children at home \_\_\_\_\_  
Employer: \_\_\_\_\_

High School: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Diploma/GED/Year: \_\_\_\_\_

Accredited School(s) of Higher Learning Previously Attended:  
\_\_\_\_\_  
\_\_\_\_\_

School	Location (City/State)	Dates Attended
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College GPA: \_\_\_\_\_

Name of **accredited school of nursing for registered nurses** to which you have applied and enrolled:  
\_\_\_\_\_

School	Location (City/State)	Expected date of Graduation
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Do you now or will you be receiving financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

What are your areas of financial need? (i.e., tuition, books, transportation, and childcare):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for or received other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, date(s) and from whom, including the length of time of the scholarship:  
\_\_\_\_\_

If yes, the amount of the scholarship you received:  
\_\_\_\_\_

Honors, Awards, Offices held:

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Community interests and activities in which you participate:

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Date of Application

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Signature of Applicant

Your application packet **must** include:

1. Completed application form.
2. Sealed copy of your most recent transcript (ORIGINAL, Official Transcript with school stamp, school officials' signature or embossed stamp).
3. Three (3) **signed** letters of recommendation from individuals familiar with your abilities and potential for success. At least one letter must be from a teacher or professor.
4. A typed narrative of **200 words or less** on:  
What prompted you to enter the **registered nursing field** or to further your nursing education
5. **Proof of Washington State residency.** Acceptable proof is a copy of your valid Washington State driver's license. If no driver's license, a copy of your residence's power bill that includes your name on it. If living with your parents, a copy of their power bill that includes the name/address and a signature of parent(s) stating that you are living at that residence.