

The Research Foundation Dr. Kay Sullivan Scholarship Award Application Form

Please print or type

Name _____
Last First Initial

Home Address _____ Telephone () _____
Number Street

_____ Social Security # _____
City State Zip

E-mail address _____

Expected date of graduation _____
Applicant's Signature

Please provide the following documentation:

1. A statement about what nursing means to you; what you plan to do with your degree after graduation; and why you believe you should be selected for this scholarship. Please include how you demonstrate excellence in clinical performance. **This should not exceed two typed pages.** Scholarship selection is primarily based on the essay component of the application and will be awarded to the student that demonstrates the characteristics of excellence in clinical performance.
2. Letter of recommendation from two faculty members.

Scholarship Program:

1. Scholarship program is funded by The Research Foundation through the Dr. Kay Sullivan Scholarship Endowment Fund. Dr. Sullivan was the coordinator of the Research College of Nursing accelerated option track from 1991 to her retirement in 1999. A minimum of two scholarship awards will be presented. Scholarships have ranged from \$500 to \$1000 each. Completed applications must be returned by **March 1.**

Send application and required information to: The Research Foundation *
2316 E. Meyer Blvd.
Kansas City, MO 64132
(816) 276-4218
(816) 276-4928 (fax)

For Financial Aid Office Only:

EFC: _____ Grants: _____ Scholarships awarded/amount: \$ _____

Need: _____ Loans: _____ Current G.P.A.: _____

Financial Aid Director _____
(please print name)

Financial Aid Director Signature _____

**The Research Foundation, a local non-profit organization committed to enhancing health for the Greater
Kansas City community.**

www.theresearchfoundationkc.org

(Updated November 2007)