NVCC Nursing Faculty Award in Memory of Charles B. Kinney

This Nursing Faculty Award was established in honor of Charles B. Kinney, the first president of Mattatuck Community College. It is awarded to a student selected by the NVCC Nursing Faculty for above average achievement in nursing theory and excellence in clinical practice.

Award Criteria

- Nursing Student.
- A review committee made up from the Nursing Division will be assembled to review candidates and make selections.

Application Process (see attached forms):

REQUIRED
- Completed application form.
- Complete a personal statement

OPTIONAL
- Academic or Professional Letter(s) of recommendation

The complete application must be received by February 21st

Questions?

Contact Elizabeth Catuccio email: ecatuccio@nv.edu or phone: 203-575-8045
### Applicant Information – NVCC Nursing Faculty Award in Memory of Charles B. Kinney

<table>
<thead>
<tr>
<th>Name:</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Address:</td>
<td>/ / /</td>
</tr>
<tr>
<td>PH #: (<strong><strong><strong>) - (</strong></strong></strong>) - (_____)</td>
<td>Banner ID# _______________________</td>
</tr>
<tr>
<td>Email:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>__________________________</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>☐ Single ☐ Married ☐ Divorced ☐ Separated</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Asian ☐ Hawaiian or Other Pacific Islander ☐ Two or More Races</td>
</tr>
</tbody>
</table>

### Academic Information

| Degree Program: ☐ Associate ☐ Certificate | Concentration: __________________________ | GPA to date_________________ |
| Credits Earned to Date: __________________________ | Number of Credits you are currently taking: __________________________ |
| During the next academic year will you be: ☐ Full Time Student ☐ Part-Time Student |
| How many credit hours do you plan to take: ___________________ | Anticipated Graduation Date __________________________ |
| Will you be attending ☐ NVCC or ☐ Another academic institution? If other, what college______________ | Are you on Academic Probation? ☐ No ☐ Yes |
| Have you violated the student conduct policy within the last academic year or at your previous institution? ☐ No ☐ Yes |
| If yes, please explain__________________________________________________________ |
| Have you ever received any form of financial aid from NVCC? If so, when? __________________________ |
| Have you submitted a FASFA to NVCC? ☐ Yes ☐ No |
**Employment and Volunteer Information**

<table>
<thead>
<tr>
<th>Work Status:</th>
<th>Full Time</th>
<th>Part time</th>
<th>Unemployed</th>
<th>Work Study Student:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Briefly describe your current job and field of employment: ________________________________________________________________

Extracurricular Activities and volunteer work: - Please list any extracurricular activities and volunteer work you participate in. (Both in and outside NVCC) __________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

This Scholarship Application and all supporting documentation MUST be submitted together by deadline or packet will not be accepted.

Please Mail or personally drop off all application materials to:
NVCC Foundation – Scholarship Committee – NVCC Nursing Faculty Award in Memory of Charles B. Kinney
750 Chase Parkway
Kinney Hall Room 720
Waterbury, CT 06708

**DEADLINE FOR APPLICATIONS**

February 21st

ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

/  
(Applicant’s Signature)  (Date)

NVCC Nursing Faculty Award in Memory of Charles B. Kinney
To the Applicant: *The scholarship committee places great emphasis on this personal statement.* Please provide a one-page typed statement sharing with them why you believe you are deserving of a scholarship.

Though every applicant is unique, you may wish to include in your statement any recent awards or honors, as well as any significant personal accomplishments and/or obstacles (familial or financial) you have overcome in order to pursue a college degree.

*Personal Statements must be original and current. Statements which were submitted in previous years will not be considered for this year’s scholarships.*

Your typed Personal Statement can be attached to the application when submitted and must include your name and the name of the scholarship you are applying for.
NVCC Foundation Scholarships

Academic Letter of Recommendation

Optional

Name of Applicant:________________________________________________

This reference must be current, dated this year, and cannot be written by a family member.

The following applicant is applying for an NVCC Foundation Scholarship. Please help the scholarship committee in its decision making process by commenting on the applicant’s academic ability by providing up to a one-page typed letter of recommendation. You may attach your letter to this completed form. Thank you.

- Name of Applicant
- Length of time you have known applicant
- Course(s) in which you have taught the applicant.
- Comments and observations on this applicant’s academic ability, including but not limited to his/her initiative in your classroom, work ethic and commitment level to your class and area of study.
- One or two of the applicant’s strongest qualities or skills that will qualify them for a scholarship.
- It would be helpful to support each claim you make about the person with a specific example.

In addition to your recommendation, please include:

- Name of Academic Reference
- Title
- Academic Institution, Room #
- Telephone or Email
- Signature
- Date

NVCC Nursing Faculty Award in Memory of Charles B. Kinney
NVCC Foundation Scholarships

Professional Letter of Recommendation

Optional

Name of Applicant: _________________________________________

This reference must be current, dated this year, and cannot be written by a family member.

The following applicant is applying for an NVCC Foundation Scholarship. Please help the scholarship committee in its decision making process by commenting on the applicant’s professional abilities related to the applicant’s field of study by providing up to a one-page typed letter of recommendation. You may attach your letter to this completed form. Thank you.

Professional letter of recommendation should include:

- Name of Applicant.
- Length of time you have known applicant.
- Professional Relationship of applicant to you (colleague, employee, former employee, volunteer).
- Comments and observations on this applicant’s character.
- One or two of the applicant’s strongest qualities or skills that will qualify them for a scholarship.
- Try to support each claim you make about the person with a specific example.

In addition to your recommendation, please include:

- Your name
- Address
- City, State Zip
- Telephone or Email
- Signature
- Date