Renee Rossi Memorial Nursing Scholarship

The Renee Rossi Memorial Scholarship was established by Renee’s family and supported by funds raised through NVCC Nursing Clubs and Nursing Class Gifts. This Scholarship is awarded to four (4) nursing students in good academic standing who demonstrate determination, caring and devotion to the nursing profession.

Award Criteria

- Student must be a full-time or part-time continuing Nursing student at NVCC.
- Student must demonstrate determination, caring, and devotion to the nursing profession.
- Student must demonstrate academic achievement.
- Student must demonstrate financial need.
- A review committee made up from the Nursing Division will be assembled to review candidates.

Application Process (see attached forms):

REQUIRED

- Completed application form.
- Complete a personal statement/essay
  - Your essay should include an explanation how you demonstrate determination, caring, and devotion to the nursing profession, and how this scholarship will help you achieve your goal of completing the nursing program.
  - Do not print your name on the essay – Include your banner ID at the top of the page and the name of the scholarship.

OPTIONAL

- Academic or Professional Letter(s) of recommendation
  - Your recommendations should answer this question: How does this student demonstrate determination, caring, and devotion to the nursing profession / how will this scholarship will help them achieve their goal of completing the nursing program.

The complete application must be received by February 21st

Questions?

Contact Elizabeth Catuccio email: ecatuccio@nv.edu or phone:

203-575-8045

Renee Rossi Memorial Nursing Scholarship
Applicant Information – Renee Rossi Memorial Nursing Scholarship

Name: ______________________ __ / / ______

Last   First        Middle Initial

Address: ______________________ / / __________

Street  City      ST                Zip

PH #: (______) -     (_______) -   Banner ID# _______________________

Home Daytime

Email: __________________________________________________

Date of Birth __________________________                   Gender: ☐ Male  ☐ Female

Marital Status: ☐ Single   ☐ Married   ☐ Divorced   ☐ Separated

Ethnicity: ☐ White  ☐ Black or African American ☐ Hispanic or Latino ☐ Asian

☐ Hawaiian or Other Pacific Islander ☐ Two or More Races

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
<table>
<thead>
<tr>
<th>Employment and Volunteer Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Status: ☐ Full Time ☐ Part time ☐ Unemployed</td>
</tr>
<tr>
<td>Briefly describe your current job and field of employment:________________________________________________________________________________________</td>
</tr>
<tr>
<td>Extracurricular Activities and volunteer work: - Please list any extracurricular activities and volunteer work you participate in. (Both in and outside NVCC)________________________________________________________________________________________</td>
</tr>
</tbody>
</table>

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 – Renee Rossi Memorial Nursing Scholarship
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)

Renee Rossi Memorial Nursing Scholarship
Briefly explain how you demonstrate determination, caring, and devotion to the nursing profession, and how this scholarship will help you achieve your goal of completing the nursing program.

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

Your one-page typed Personal Statement/Essay should be attached to the application when submitted.

- DO NOT WRITE YOUR NAME ON THE PERSONAL ESSAY
- Include your BANNER ID at the top of your Essay and the Scholarship Name.
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.
- Please explain how this student demonstrates determination, caring, and devotion to the nursing profession / how this scholarship will help them achieve their goal of completing the nursing program.
- 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.
- 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

Renee Rossi Memorial Nursing Scholarship
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).
- Please explain how this student demonstrates determination, caring, and devotion to the nursing profession / how this scholarship will help them achieve their goal of completing the nursing program.
- Comments and observations on this applicant’s character.
- 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

Renee Rossi Memorial Nursing Scholarship