



Prime Medical Alert Scholarship for future Nurses

Application for (Circle One): **Spring** **Fall**

At Prime Medical Alert, we understand that nurses are one of the most important components of America's healthcare industry. We want to help the next generation reach their dreams. This scholarship is open to applicants working toward a two year or four year degree. Applicants shall be working towards a degree with the intent of becoming a RN or LPN upon graduation.

***Student Information***

Student Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Residency: \_\_\_\_\_

Name of College/University Currently Attending: \_\_\_\_\_

Estimated date of AA degree completion: \_\_\_\_\_

Name of College/University you will be attending in upcoming semester:  
\_\_\_\_\_

\*\*\*Please include a copy of the letter of acceptance.

In upcoming semester will you be a (circle one): Freshman   Sophomore   Junior   Senior

Will you be attending school (circle one): Part-Time   Full-Time

Please list your desired major: \_\_\_\_\_

How did you hear about the Prime Medical Alert Scholarship Program:  
\_\_\_\_\_

## ***Personal Statement***

The Prime Medical Alert Nursing Scholarship is for those who have demonstrated a commitment to the community in regards to healthcare and social assistance. We are looking for applicants who intend to apply those experiences to a future career in the emergency response field. Please answer each of the following questions in 500 words or less:

- 1.) Please describe what influenced your decision to go into a career in healthcare and nursing?
- 2.) Tell us what you view as the most important single characteristic for a practicing nurse, and how you will embody that characteristic in your professional work.
- 3.) Why do you feel you are a strong candidate for this award and what sets you apart from other candidates in your field?

### Letters of Recommendation:

Please provide us with at least one letter of recommendation from individuals that you know well, but are not related to you. They should outline why you are a good candidate for our scholarship program and in what capacity they know you. Letters from professors, employers, volunteer supervisors are preferential.

### *Section Three*

#### ***Terms of Release***

#### **Application Certification:**

I certify the information provided in this application is accurate to the best of my knowledge. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. In addition, I certify that I am not related to any current employees or board members of Prime Medical Alert.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under 18)

#### **Release of Information:**

I certify that I have read and review the criteria for the Prime Medical Alert Scholarship. I also understand that if I do not submit the required information or if it arrives after the due date, my application will not be considered. I understand the submission of this application does not ensure receipt or award of any Prime Medical Alert Scholarship proceeds. Finally, I agree to adhere to all of the terms and conditions of my scholarship(s) if I am selected as a recipient.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be postmarked by July 31 for Fall or Dec 15 for Spring Semester.**

#### **Mail Your Completed Application to:**

Prime Medical Alert Scholarship  
Attn: Joy Couffer  
3411 N 5<sup>th</sup> Ave Ste 207  
Phoenix AZ 85013