Community Foundation of Abilene

Norman and Barbara Smart Memorial Scholarship

This scholarship was established in 2005 from the estate of Norman and Barbara Smart in compliance with their wishes that a scholarship be made available to the nursing staff of Abilene Regional Medical Center. Norman and Barbara wanted to show their appreciation to the nursing staff for the thoughtful consideration, dedication, and the compassion shown both of them during their hospitalization at Abilene Regional Medical Center.

Eligibility
To be eligible for this scholarship, the applicant must be a member of the nursing profession who wishes to improve his/her skills and attain a degree in the nursing profession. Preference will be given to an applicant who is currently employed at the Abilene Regional Medical Center, Abilene, Texas. The recipient may be an LVN (Licensed Vocational Nurse) who wishes to pursue an RN (Registered Nurse) degree or may already be an RN who is attempting to complete a BSN (Bachelor of Science, Nursing).

Award
This renewable scholarship of $1,000 per year may be used for tuition, books and college related fees. The scholarship may be renewed for an additional two years if the recipient is demonstrating measurable progress toward the degree goal. If the recipient desires to pursue a master’s degree in nursing, funding may be renewed for another two years, as long as the student is enrolled for a minimum of six hours per semester.

Application
Part 1 - Complete the application form (included herein).
Part 2 - Attach a written essay (sign to indicate the essay is your original work) as noted in the “Additional Requirements” section of this packet.
Part 3 - Attach a wallet size photo (to be used in announcing selected recipient).
Part 4 – Attach your high school transcript and mail all documents to:

Norman and Barbara Smart Memorial Scholarship Committee
c/o The Community Foundation of Abilene
P. O. Box 1001
Abilene, Texas 79604

Due Date for Application is April 1st

Part 5 - Request two letters of reference as noted in the “Additional Requirements” section of this packet.

Scholarship Criteria or Application Questions
Questions should be directed to Nita Slaton, Scholarship Director, Community Foundation of Abilene. Phone 325.676.3883; e-mail- nslaton@cfabilene.org.
CFA Scholarship Application

Norman and Barbara Smart Memorial Scholarship

NOTE: Your application WILL NOT be processed if Name of Scholarship is not filled in.

Applicant Information

Applicant's High School ____________________________________________

Name ______________________, ______________________, ________________

                                      Last                  First                  Middle

Home Address ____________________________

City ___________ Zip Code ___________ Home Phone __________________

E-Mail Address: ____________________________

Social Security Number ___ ___ ___ - ___ ___ Date of Birth ________________

(Provide the last four digits only until notification of award)

Gender:  ☐ Male               ☐ Female

Citizenship:  ☐ U.S. Citizen    ☐ Legal Resident    ☐ Other

Educational Plans

College you plan to attend ____________________________

Area of Study ____________________________ Have you been accepted? ____________

Financial/Family Support Information

Father's Name ____________________________ Phone: __________________

Father's Address (if different from above) ______________________________________

Father's Occupation ____________________________ Employer __________________

Mother's Name ____________________________ Phone: __________________

Mother's Address (if different from above) ______________________________________

Mother's Occupation ____________________________ Employer __________________

Guardian name (if applicable) ______________________________________

Number of Children at home _____ Ages __________________

Number of Children presently in College _______ (fill out detail below)

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<thead>
<tr>
<th>Child's Name</th>
<th>Child's Age</th>
<th>College Attending</th>
<th>Full or Part Time?</th>
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(If necessary, add additional page with more information about family members)
Please indicate your family's adjusted gross income from last year's tax return.
☐ Under $25,000  ☐ $25,000 to $40,000  ☐ $40,000 to $60,000  ☐ $60,000 to $90,000  ☐ Over $90,000
*Please be prepared to provide copies of pages 1 and 2 of your tax return if requested.*

Please list all scholarships for which you have applied and note if you have received these awards as of the date you prepared this application.

Are you eligible to receive or have been offered a full-tuition scholarship based on merit, academics or sports? __________________________________________

If you will be receiving an athletic scholarship what percentage of college tuition, room and board will be covered by that scholarship? _____%

List approximate amount of college financial aid you will receive and sources (include any grants or awards not listed above, amount contributed annually by parents, amount to be contributed from student's savings and any college/university offerings):

How do you intend to finance remaining expense? (parent's income, savings, loans, working)

**Academic Achievements/Transcript Information**

School Name________________________________________________________

How many years at this school_____  Rank in Class _____  Size of Graduating Class ___

Cumulative GPA_______  SAT score _____  or ACT score ______

*Extra Curricular Activities:*

By order of importance, list extra-curricular activities in which you participated while in high school. Please note any special honors received or offices held. Make a notation beside the ones you enjoyed the most and why. (Add page if more space is needed)
List areas of Community Service in which you have been involved; name the organization and what was accomplished while you were involved. Tell what it meant to you to participate in helping an organization or being involved with a particular group. (Add page if more space is needed)

List details concerning present or past employment. (Add page if more space is needed)

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<th>Employer</th>
<th>Dates of Employment</th>
<th>Approx. # of hours worked per week</th>
<th>Type of Work</th>
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Certification: I understand that by signing this application, I am stating that all information is accurate to the best of my knowledge and I have not falsified or misrepresented any information contained in this application packet.

Name (printed)________________________
Name (signed)________________________
Date ________________________________

Please continue to the next page for additional requirements for this scholarship application. If you have any questions about the application packet to be submitted for a particular scholarship, please contact Nita Slaton, Scholarship Director, Community Foundation of Abilene, 325.676.3883, nslaton@cfabilene.org.

The Community Foundation of Abilene mailing address is:

Community Foundation of Abilene  
P. O. Box 1001  
Abilene, TX 79604

Physical address is:  
Enterprise Building  
500 Chestnut, Suite 1634  
Abilene, TX 79602
Additional requirements for the Norman and Barbara Smart Memorial Scholarship:

Additional question:
If you are already enrolled in college (or previously enrolled), please list all college hours and GPA attained.


Essay
Attach a 300 to 500 word essay.

Discuss your educational plans as they relate to you personally and to your career goals. Include motivating factors or important experiences which have helped to shape your personal philosophy and/or your educational plans/career goals. Include information that reflects your commitment to your desired career path.

*Think carefully about this essay. It is important in the selection process. Consider this essay as a way to let the committee know what type of person you are and why you deserve this award.*

Essay must be signed by applicant to indicate it is the applicant's original work.

References
Request two letters of reference. These letters are to be mailed to the below address by the person providing the reference information by April 1st. *(Suggested persons to provide references are: a director or supervisor at ARMC, your church pastor or long time family friend – not a relative.)* It is recommended that the applicant follow up on the requested references to assure they have been mailed in a timely manner.

*Verify once more that your packet is complete prior to mailing it to the following address (or it may be hand-delivered if you prefer):*

Mail to
Community Foundation of Abilene
P. O. Box 1001
Abilene, Texas 79604

Or deliver to
Community Foundation of Abilene
500 Chestnut, Suite 1634
Abilene, TX 79602

Deadline: April 1st