

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

**UMPQUA LIONS**  
P O Box 57  
Roseburg, OR 97470



## **SCHOLARSHIP**

**- VERA SHUKLE MEMORIAL NURSING SCHOLARSHIP**  
**UMPQUA LIONS**  
Chartered in 1954

Our main purpose is to help the needy in the area with their sight and hearing needs. Over the years we have helped many people and have also broadened our efforts to help in other areas like scholarships. Vera and Tony Shukle were original charter members and Vera was a registered nurse most of her life. The Club wanted to honor their memory.

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**SCHOLARSHIP AWARDED TO:** Umpqua Community College

**AMOUNT:** \$ 500

### **BASIS OF SELECTION:**

A \$500 Educational Grant will be given to an applicant that has been accepted to the nursing academic program at Umpqua Community College for the 2013-2014 school year as a second year student . The grant will be awarded on the basis of merit, motivation and need. The selection will be made by the Umpqua Lions Committee. Candidates may be scheduled for interviews with the Committee. The recipient will be announced by July 15, 2014. Only completed applications, including all signatures requested, attachments such as transcripts, TWO letters of recommendation and PROOF of second year acceptance into the UCC Nursing Program will be considered.

**APPLICATION DEADLINE:** May 12, 2014

**RETURN TO:** ABOVE ADDRESS

# ROSEBURG UMPQUA LIONS

## SCHOLARSHIP INFORMATION - **deadline 5/12/14**



### STEP 1 PERSONAL AND EDUCATIONAL INFO

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State/Zip

PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOW LONG HAVE YOU RESIDED IN DOUGLAS COUNTY? \_\_\_\_\_

List everyone who lives in your household :

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### PREVIOUS EDUCATION:

Name	Date Attended	Graduated (Yes / No)
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HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

COLLEGE \_\_\_\_\_

OTHER \_\_\_\_\_

Major Field of Study \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Educational Goal (please check)  
 Associate Degree       Baccalaureate Degree  
 Certificate of Completion       Other

If attending college, the number of credit hours in which you are enrolled \_\_\_\_\_

**PLEASE include a sealed UNOFFICIAL transcript from your last educational institution**

**STEP 2 FINANCIAL INFORMATION**

**2**

Are you currently employed?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If YES, where? \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

**SUMMARIZE YOUR CURRENT WORK EXPERIENCE:**

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**HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS, GRANTS OR AIDS? If so, List:**

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**DO YOU HOLD ANY OF THESE AT THIS TIME?**

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**If anyone else in your family (spouse, children) will be attending college in 2014-2015 indicate the following:**

Name	Relationship To You	College	Amount of Tuition	Room & Board
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**LIST ALL INCOME IN YOUR HOUSEHOLD:**

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**LIST ALL DEBTS/PAYMENTS FOR WHICH YOU ARE RESPONSIBLE:**

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**STEP 3 COMMUNITY INVOLVEMENT**

**3**

List **COMMUNITY ACTIVITIES** in which you have participated (civic, school, church, volunteer)

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**GOALS**

What goals do you have for the future and why are they important to you?

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Explain what your educational goals are and how you will attain your goals with or without this scholarship.

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**PLEASE submit TWO LETTERS of RECOMMENDATION from people who are NOT related to you.**

**If you are submitting for the VERA SHUKLE Scholarship PLEASE submit proof of acceptance into the second year of the UCC Nursing Program with this application.**

**Please note that the legibility and appearance of your completed application will be taken into consideration during the selection process.**

**STUDENT CERTIFICATION**

I certify that the information provided on this application is true and correct to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

You will be notified of any award no later than July 15, 2014.