

The Barney Marriott Cardiovascular Nursing Scholarship Program Application

please type or print

Name _____
Last First Middle I. Social Security Number

Address _____
Number Street City, State Zip

Phone (_____) _____ (_____) _____
Daytime Evening

Present school or last school attended _____

School Address _____
Number Street City, State Zip

School Phone Number (_____) _____

Current or last employer & position _____

Employer Address _____
Number Street City, State Zip

Employer Phone (_____) _____ Contact person _____

Current or Intended Institution of higher learning _____

School Address _____
Number Street City, State Zip

School Phone (_____) _____

Current or Intended course of study (degree) _____

Estimated time of completion _____ Full-time student _____ Part-time student _____

Will you be receiving any other scholarships or employer reimbursements? ___yes ___no
If yes, amount per semester: \$ _____

Anticipated number of credit hours: Fall _____ at \$ _____ /hour = \$ _____
Anticipated number of credit hours; Spring _____ at \$ _____ /hour = \$ _____
Anticipated number of credit hours: Summer _____ at \$ _____ /hour = \$ _____

Please attach:

- Personal letter requesting financial support
- Statement of expenses for advanced studies, including anticipated tuition & book fees for Fall, Spring, and Summer (if attending) along with sources of income
- One page, double-spaced, typed essay stating your professional goals and plans for work after completion of study
- Copy of acceptance letter from the accredited program of higher education

Return completed application to: Rogers Heart Foundation, Inc.
4510 21st Avenue North, St. Petersburg, FL 33713

DEADLINE FOR APPLICATION IS AUGUST 1.



ROGERS
HEART FOUNDATION, Inc.

The heartbeat
of a community made
stronger in the quiet
of caring.