



## **ANNA MAY ALLAN ENDOWED NURSING SCHOLARSHIP**

**For a nursing student who has graduated from an Iowa high school.**

*Deadline for submission is March 31st*  
*Send all application materials to: Mary Greeley Medical Center,*  
*External Relations, 1111 Duff Ave., Ames, IA 50010*

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**Introduction:** The Anna May Allan Endowed Nursing Scholarship was established through the Mary Greeley Medical Center Foundation. Mrs. Allan was a registered nurse who worked for Mary Greeley Medical Center both as a staff and private duty nurse. Her devotion to the nursing profession and interest in assisting nursing students with their education lead her to establish this scholarship.

The Mary Greeley Medical Center Foundation will award one (1) \$2,500 scholarship to an Iowa high graduate pursuing the study of nursing. **To qualify, students must be accepted and enrolled in nursing school, have achieved a cumulative 3.0 GPA in their most recent level of education, and demonstrate a financial need.**

### **Criteria:**

- 1) Applicant must be **accepted and enrolled into a nursing school.**
- 2) Applicants must be **enrolled full-time** at:
  - a) A four-year accredited college or university.
  - b) A one-year or two-year college associate of arts or science program.
- 3) Applicant must submit a **current transcript with the completed application.** Applications will be considered on the basis of scholastic performance, GPA, activities in school and community, financial need, and citizenship. The Selection Committee may also consider unusual situations that require students to finance their education.
- 4) Applicant must submit **three written references** with the completed application.
- 5) Applicant must **sign the completed application and have a parent/guardian sign** (if applicant is under the age of 18).
- 6) Applicant must provide **verification of full time enrollment and nursing school acceptance** with the completed application or prior to scholarship disbursement.

**Information:** Selection is made without regard to gender, ethnicity or religion. The recipient will be selected by a committee from Mary Greeley Medical Center and Foundation leadership. Selection shall be in accord with standard requirements set forth by the scholarship selection committee.

The Scholarship may be renewed provided that a 3.0 GPA is maintained during the year in which the scholarship supported the student's education. **Previous recipients are required to reapply annually and provide proof of the above criteria and maintain normal progress towards a nursing degree.** All scholarship disbursements are paid directly to the educational institution. No outright gifts will be made.

**SCHOLARSHIP APPLICATION**  
**MARY GREELEY MEDICAL CENTER FOUNDATION**  
**ANNA MAY ALLAN ENDOWED NURSING SCHOLARSHIP**

*Send this completed application, transcript(s), three (3) reference letters & enrollment verification to:*

*Mary Greeley Medical Center, External Relations, 1111 Duff Ave., Ames, IA 50010*

*Deadline for submission is March 31<sup>st</sup>*

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Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

High School \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

School Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Counselor's Email \_\_\_\_\_

Parent(s)/Guardian(s) or Spouse's Name(s) \_\_\_\_\_

Ages of Dependent Children in Family (if applicable) \_\_\_\_\_

Please list any family member (yourself included) who has ever worked or volunteered at Mary Greeley Medical Center \_\_\_\_\_

Which educational institution are you attending? \_\_\_\_\_

List anticipated annual educational expenses:  
Tuition \$ \_\_\_\_\_ Materials/Books \$ \_\_\_\_\_ Room/Board \$ \_\_\_\_\_

Have you held any PT or FT jobs? Yes No If yes, please list \_\_\_\_\_

Are you currently employed? Yes No If yes, where? \_\_\_\_\_

Have you been awarded any other scholarships and/or grants? Yes No If yes, please specify type and awarded amount \_\_\_\_\_

List activities and awards \_\_\_\_\_

List community service activities \_\_\_\_\_

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