

**Dr. Charles H. Parent**  
Scholarship Program for Micronesia Nursing Students  
Application Packet

**Purpose:**

This scholarship program is for University of Guam nursing students. These scholarships are awarded primarily to encourage students from the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands to pursue a university nursing education.

**Amount and Number of Scholarships:**

Up to two (2) awards of \$5000 will be given annually. The Scholarship Program reserves the right to change this amount and numbers of awards depending on availability of funds and applicant's financial need. Scholarships are awarded on a one time basis. However, scholarship recipients may be awarded each year until graduation if eligibility criteria are met.

**Eligibility Criteria:**

1. These scholarships are open to students from the Republic of Palau, the Federated States of Micronesia and the Republic of the Marshall Islands, who have been accepted into the Second Step nursing program. There is no grade point average (GPA) requirement.
2. Students must show evidence of financial need (e.g. income tax return).
3. Students may be a recipient of other scholarship programs.
4. Students must be enrolled in GBSN program.

**The applicant must submit the following:**

1. Scholarship application form.
2. Verification of credit hours enrolled in Fall/Spring semesters prior to application.

**Committee:**

The selection committee shall consist of the Chair of Admissions and Academic Standards Committee (AASC), the Nursing Division Chair, and the Director of Nursing.

**Procedures/Deadlines:**

1. All application materials must be submitted to the Financial Aid Office.
2. The name of the student selected by the Nursing Selection Committee will be forwarded to Endowment Foundation.
3. The recipient will be notified by the Nursing Selection Committee.

4. Application is due to the selection committee by **September 14** for the Fall semester, and March 20 for the Spring semester.

**Obligations of Recipients:**

1. All recipients must agree to work on Guam for two (2) years for every year assistance was provided.
2. All recipients must provide proof of full-time employment within six (6) months after graduation by submitting a Verification of Employment. Employment verifications shall be submitted by the recipient every six (6) months (June and December of each year). If recipient wishes to continue the recipient's education as a full-time student at a graduate or professional school, the recipient may defer his/her employment obligation on Guam until such additional studies are complete; provided, written approval has been granted from the Board. Failure to begin employment on Guam within six (6) months of graduation shall be cause for monetary payments.

**Forfeiture:**

Forfeiture of this scholarship may result from any of the following causes:

1. Suspension or dismissal from the program for academic deficiency (per program policy).
2. Withdrawal from UOG for any reason during the award semester.
3. Conviction for a felony; UOG or Nursing program code violations



Place of Employment	Dates	Work Performed	Supervisor

Volunteer Service:

Place of Service	Dates	Services Performed	Supervisor

Please elaborate on your financial situation which would justify your scholarship consideration (you may use additional pages if necessary):

Briefly explain your intended career objectives (you may use additional pages if necessary):

I, \_\_\_\_\_, hereby state that all the information provided with and in support of this application are true and complete.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Verification of credit hours enrolled in current Fall/Spring semester must accompany application.

-----For the Review/Decision Committee-----

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Credit hours verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Decision:     \_\_\_ Approved                     \_\_\_ Disapproved

Signatures of Review/Decision Committee:

\_\_\_\_\_ Director of Nursing

\_\_\_\_\_ Division Chair, Nursing

\_\_\_\_\_ AASC Chair, Nursing

(Copy of Application to Endowment)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Student notified of award on: \_\_\_\_\_

Comments: