



801 North Broadway  
Fargo, North Dakota 58122  
(701) 234-6246  
FAX (701) 234-7051

*foundation.meritcare.com*

## **MERITCARE FOUNDATION'S ALBERT RONICE SCHOLARSHIP APPLICATION FORM**

In 1980 the St. Luke's Hospital School of Nursing became the recipient of a bequest from the estate of the late Albert Ronice of Kindred, North Dakota. Mr. Ronice was interested in helping educate nurses. With the closing of the School in 1987, MeritCare Foundation was given the responsibility of distributing the money in a manner which best fit it's original intent.

MeritCare Foundation is pleased to be able to award a \$2,100 scholarship for a nursing student applying for senior level course work for their Bachelor's degree in nursing.

**Purpose:** The purpose of this scholarship is to provide financial assistance for nursing students applying for senior level course work for their Bachelor's degree in nursing through North Dakota University, Minnesota State University Moorhead or Concordia College.

**Eligibility:** Any student may apply but first priority will be given to St. Luke's School of Nursing graduates, second priority will be given to currently employed MeritCare associates and third priority to other students. Other criteria will be financial need and academic excellence.

**Award:** One \$2,100 scholarship will be awarded. The scholarship will be paid to the appropriate financial aid office in two payments, at the beginning of the fall and spring semesters.

**Application Deadline:** May 15th

### **Part 1**

**Instructions:** Please type the following information. Upon completion, return this form to MeritCare Foundation, PO Box MC, Fargo, ND 58122-0302.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Please mark which of the following applies:

\_\_\_\_\_ St. Luke's School of Nursing graduate

\_\_\_\_\_ Current MeritCare Associate

\_\_\_\_\_ Current 3<sup>rd</sup> year nursing student

## Part 2

**Instructions:** Please type the following information. Attach additional sheets as necessary.

Please include:

- A personal letter concerning your career objectives
- Your financial status and associated problems
- Your transcript and confirmation of participation in a Bachelor Degree training program
- If you are a graduate of the St. Luke's School of Nursing, a confirmation of that fact
- If you are a MeritCare associate, a letter of reference by your supervisor
- If you are not a MeritCare associate, a letter of reference

## Part 3

### Financial Need Information

**Please answer the following questions based on your income.**

Gross annual income per year, i.e. salary/wages	\$ _____
Other income not included above	\$ _____
Child Support	\$ _____
Non-taxable income/benefits	\$ _____
Total income	\$ _____

**List all dependents**

Age	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Itemize debts and monthly expenses**

Mortgage/rent	\$ _____	
Food	\$ _____	
Utilities	\$ _____	
Child Care	\$ _____	
Insurance	\$ _____	
Credit Cards	\$ _____	
Loans	\$ _____	
Other (specify)	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

**Itemize assets and value**

Home	\$ _____
Car	\$ _____
Investments	\$ _____
Cash/checking	\$ _____
Savings Account	\$ _____

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_