

Max & Ann Smith Nursing Scholarship

Sponsored by Smith Brother Properties

Scholarship Dollars will be based on needs of applicant
Minimum \$1,000.00 to be matched by Cumberland University

Eligibility requirements

- Student must be a Wilson County graduate
- Student must be entering or continuing upper division nursing
- Student must have a minimum ACT score of 20 or SAT of 1060
- Student must have a minimum GPA of 3.0 (either transfer credits or Cumberland credits)
- Student must submit the Free Application for Federal Student Aid (FAFSA)
- Student must submit all the requested information on or before the specified deadline

Student must provide the requested information in the following order:

1. Completed application
2. Essay (limited to two pages) to include:
 - a. Why you wish to attend chosen nursing
 - b. Why this scholarship is important to you
 - c. Why you deserve this scholarship
 - d. Any special considerations you wish the committee to make
3. Letter of intent to attend school specified beginning semester
4. Transcripts verifying Grade Point Average (Transcripts should be from all schools attended)
5. Copy of FAFSA
6. Signed release of information to school of choice
7. Two letters of reference

Application procedures

1. Application completed and returned to the Lebanon Wilson Chamber of Commerce Office by 4:00 p.m. on April 7, 2023.
2. Scholarship Committee reviews applications and chooses finalists.
 - a. Lebanon Wilson County Chamber of Commerce Education Vice Chairperson will serve as Committee Chair
 - b. Committee will be appointed by Committee Chair, including Cumberland University representatives
3. Candidates not selected are notified by mail. Finalists notified by phone.
4. Interview may be required.
5. Candidates will be notified of decision upon completion of the process.
6. Scholarship recipients will be notified by May 5, 2023.
7. Scholarship checks are written to winner's School of Choice on behalf of recipient. Money deposited in student account will be for tuition/books only. Student cannot use scholarship monies for any purpose other than those specifically stated.

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1. Full Name _____ Date _____

2. Address _____

4. Phone Number () _____

5. Have you graduated or will you graduate prior to the semester for which support is requested? ___ Yes ___ No

6. Have you been or will you be accepted prior to the semester for which funding is requested? ___ Yes ___ No

7. Grade Point Average _____ ACT or SAT composite score _____

8. Please list all Honors and/or Advanced Placement Courses you have taken or are currently taking.

9. Have you requested financial support from other sources? ___ Yes ___ No

Please list (Use back of application if additional space is needed.)

10. Please list volunteer/community service/school sponsored activities

(Use back of application if additional space is needed.)

11. Do you work outside the home? ___ Yes ___ No

Employer _____ Hours per week _____

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Release of Information

I, _____ agree to allow the Chamber of Commerce Scholarship Committee to have access to my records at school of choice to verify information pertinent to the scholarship process.

Student Name (Printed Name)

Student Signature

Date