



Nancy Strisko Coleman Scholarship
c/o Whiting & Robertsdale Chamber of Commerce
1417 119th Street
Whiting, IN 46394

For Information call Alexa Cano, Committee Member at: 219-201-4262

Please hand deliver the completed application packet or postmark by June 30, 2023



THE NANCY STRISKO COLEMAN NURSING SCHOLARSHIP / PAGE 2

The Nancy Strisko Coleman Scholarship Program has been established in memory of one of the Whiting & Robertsdale, past Chamber Board of Directors, Nancy Coleman. Nancy was a George Rogers Clark graduate, class of 1982, and spent over 34 years, doing what she did best, caring for others. As a nurse, Nancy was always ready to give of her time at community events to triage the first aid stations. Her love for her community blossomed over the decades and you would always find her donating tireless hours running the Pierogi Souvenirs Store, as well as at Wickedly Whiting Festival. To honor her legacy this annual nursing scholarship will be given out each summer to a qualified high school graduate planning to pursue a degree in the nursing or medical fields.

To be eligible for a scholarship the student must:

- ❖ Be a graduating high school senior who is the child of a parent, legal guardian, or financially responsible grandparent with residency in the Whiting and Robertsdale 46394 zip code.
- ❖ At the time, the scholarship is awarded, be accepted into a full-time degree program either at an accredited four-year institution or two-year institution in the nursing or medical fields.
- ❖ This scholarship must be used for any field of study within the nursing curriculum.

HOW WILL THE SELCTION BE MADE?

The Scholarship Selection Committee, comprised of friends and business professionals, will thoroughly examine all the application materials submitted by each scholarship applicant. In addition, the Official Application Form, the applicant's essay and the high school transcript, will be carefully considered by this independent selection committee along with any recommendations or other evidence (e.g., SAT or ACT results, high school activities or academic honors) of the applicant's character and abilities.

Based on the record of each applicant, the selection committee will then choose the 2023 winner and announce the winner by July 28, 2023. Every applicant will be notified in writing of the outcome of the selection process.

The decision of the selection committee is final.



INSTRUCTIONS

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NOTE: The Nancy Strisko Coleman Scholarship is for graduating high school seniors with residency in Whiting & Robertsdale 46394 zip code.

1. Complete the applicant section on page 4 of this form. You may also include two letters of recommendation.
2. Compose an essay, typed and double-spaced, not to exceed 1,500 words, on the subject: "My desire to become a nurse and how I hope to make a difference in healthcare."
3. Have your parents, legal guardian or financially responsible grandparent complete the section at the bottom of page 4 of this form.
4. Have your parents, legal guardian or financially responsible grandparent attach a copy of his/her driver's license with valid verification of residency in the 46394 zipcode.
5. Have your guidance counselor or other representative complete the high school section on page 5 of this form and provide an official copy of your high school transcript and Scholastic Aptitude Test (SAT) or American College Test (ACT) scores, if submitting test scores.
6. Please make sure your complete application and all support documentation (essay, transcripts, letters of recommendation, SAT or ACT scores, proof of residency in the Whiting and Robertsdale 46394 zip code) are **delivered together** in one envelope or **POSTMARKED NO LATER THAN JUNE 30TH** to:

NANCY STRISKO COLEMAN SCHOLARSHIP
C/O WRIOC SCHOLARSHIP COMMITTEE
1417 - 119TH STREET
WHITING, IN 46394



TO BE COMPLETED BY APPLICANT / PAGE 4

(Please print in black ink.)

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Date of Birth _____ Graduation Date _____ 2023

What activities did/do you participate in at your high school? _____

List any offices held or honors received in these activities. _____

List any academic honors that you have received. _____

List universities or college you have been accepted to or applied to for acceptance. _____

Applicant Signature _____ Date _____

All essays written as part of the Nancy Strisko Coleman Scholarship application process become the property of the Scholarship Committee. The committee also reserves the right to reprint, describe or use an excerpt of these essays in publications and /or website for the scholarship program.

Applicant Signature _____ Date _____

TO BE COMPLETED BY PARENT, LEGAL GUARDIAN, OR FINANCIALLY RESPONSIBLE GRANDPARENT.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Check one: Parent Legal Guardian Financially Responsible Grandparent



TO BE COMPLETED BY SCHOOL / PAGE 5

Dear School Representative:

This student is an applicant for the Nancy Strisko Coleman Nursing Scholarship. As an aid in the selection process, it is necessary that the Selection Committee receive information regarding the student's character, ability and performance sought in this section. The information will be used only by the Scholarship Selection Committee of recognized academic, professional and community representatives. It is important that this section be completed and returned to the applicant so that he/she has sufficient time to submit their entire application postmarked no later than June 30, 2023.

(Please print in black ink.)

Applicant's Name _____

Name of School _____

Address _____

City _____ State _____ Zip _____

Who is rating the student? Name _____

Relationship _____ (e.g., Principal, teacher, counselor) Length of relationship? _____

What is your general evaluation of this student? _____

Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. Please specify: _____

Other comments: _____

Please include any Scholastic Aptitude Test (SAT) or American College Test (ACT) score (Optional). _____

GPA _____ Class Size _____ Class Ranking _____

Please attach a transcript of the student's grades.

School Representative

Signature _____ Date _____