



THE J. HUGH & EARLE W.
FELLOWS FOUNDATION

Healthcare Scholarship Application

Eligible programs of study for a healthcare scholarship from the Fellows Foundation include:

Registered Nursing, AS	Physical Therapy, DPT
Registered Nursing, BSN (<i>junior/senior year</i>)	Nurse Anesthesiologist, MS
Registered Nursing, AS to BSN	Nurse Practitioner, MSN
Practical Nursing, VC	Nurse Practice, DNP
Practical Nurse to Registered Nurse, AS	Medical Technology or Health Sciences
Physical/Occupational Therapy, Masters	Speech/Language Pathology, Masters

GENERAL INSTRUCTIONS

Applicants for scholarship funds from the Fellows Foundation are expected to complete the application **in full** (including submission of required documents) on or before May 1 and to submit as indicated below. Prompt consideration will be given to each application beginning May 1 and final action will be taken no later than July 15 of each calendar year.

Before completing this online application, please review the requested information and collect all the necessary information you will need in order to complete the application.

DOCUMENTATION REQUIRED

In addition to completing this scholarship application, the following documents will be necessary to process your application for a scholarship.

1. **Acceptance Letter:** A copy of the acceptance letter from the college or program which you will attend for the purposes of this scholarship.
2. **Transcript:** Official copy of the college transcript from college currently attending OR from the educational institution most recently attended.
3. **Recommendation Letters:** One (1) confidential letter on official business letterhead addressed to the Board of Trustees of the J. Hugh & Earl W. Fellows Foundation and signed by your academic counselor, faculty advisor, coach, administrator, employer, or minister to include information about your academics, achievements, potentialities, personality characteristics, and current enrollment status. .
4. **Cost of Attendance:** Copy of the Cost of Attendance (COA) provided by the college and/or program of study.
5. **Optional:** Applicant may submit the following:
 - a. Test Scores
 - b. Statement of Need: A statement not exceeding 500 words outlining your reason(s) for choosing medical program as a vocation and explaining your financial need.
 - c. Wallet-sized Photo

Submit required documents through the online application portal at FellowsFund.org/apply.

Documents unable to be submitted online should be mailed to:

Virginia Santoni, Executive Director
Fellows Foundation
1000 College Blvd.
Pensacola, FL 32504

Questions concerning any detail of the application should be directed to Virginia Santoni, Executive Director, vsantoni@fellowsfund.org, (850) 471-4546.

PERSONAL INFORMATION

Student Name _____
First Last

Applicant's School _____
Student ID number (if available) _____

Birthdate _____
Month / Day / Year

Cell Phone _____ Other Phone _____
Area Code / Phone Number Area Code / Phone Number

Email Address _____

Mailing Address while in school _____
Street Address _____
Street Address Line 2 _____
City State Zip Code

Permanent Home Address _____
Street Address _____
Street Address Line 2 _____
City State Zip Code

Total Years of Residence in:

- Escambia County, dates of residence _____
- Santa Rosa County, dates of residence _____
- Okaloosa County, dates of residence _____
- Walton County, dates of residence _____

Marital Status Single Married/Partner

Children or other Dependents of Applicant *(including child support obligations)*

EDUCATIONAL AND VOCATIONAL PLANS

Indicate, in a short concise statement (500 words or less), your plans and objectives including what you plan vocationally and where and when you plan to accomplish the education necessary to attain that objective. Feel free to include any personal experiences, autobiographical information or history that may have contributed to your educational/vocational plans. *If this section is not completed, it will not reflect negatively on your consideration for the scholarship.*

DISBURSEMENT INFORMATION

Scholarship funds are awarded on an annual basis and disbursed on a semester-by-semester basis. Checks are made payable to the school on behalf of the student and sent directly to the school. The following information, including your Student ID, will be used so that disbursements can be made to the school on your behalf. Please provide the complete name of the contact person and the department of that individual to receive the check (i.e., Cashier's Office, Bursar's Office, Comptroller's Office, etc.).

Contact Person	_____		
Title	_____		
Department	_____		
Email Address	_____		
Phone	_____	Extension	_____
	Area Code / Phone Number		
Mailing Address	_____		
	Street Address		
	Street Address Line 2		
	City	State	Zip Code

FINANCIAL AID OFFICE INFORMATION

Regardless of where the check is to be sent, copies of all correspondence regarding scholarship awards are sent to the Financial Aid Office (i.e. Office of Student Financial Assistance) of the school. Please provide the complete name and address of the contact person of that office).

Contact Person	_____		
Title	_____		
Department	_____		
Email Address	_____		
Phone	_____	Extension	_____
	Area Code / Phone Number		
Mailing Address	_____		
	Street Address		
	Street Address Line 2		
	City	State	Zip Code

PROPOSED BUDGET

List the total estimated costs and resources for the 1-year scholarship period of your request for a scholarship from the J. Hugh and Earle W. Fellows Foundation. Use the "Cost of Attendance" provided by the school/program for the Cost of Attendance table below (this information can be found, for most schools below the tables by contacting your school/program). Also, upload a copy of the "Cost of Attendance" in the space provided.

INCOME/RESOURCES		COST OF ATTENDANCE	
	Amount		Amount
Parent or Spouse Contribution	_____	Tuition/Fees	_____
Veteran Benefits	_____	Books and Supplies	_____
Full-time employment	_____	Room and Board	_____
Part-time employment	_____	Transportation	_____
Summer employment	_____	Personal/Miscellaneous	_____
Spouse employment	_____	Total	_____
Federal Grants(s)	_____		
Federal Loans(s)	_____		
University Scholarships	_____		
Other Scholarships	_____		
Savings	_____		
Other Income	_____		
Total	_____		

I hereby certify that I meet all the minimum eligibility requirements and have submitted the required transcripts and documentation. The information provided in this application is complete and accurate to the best of my knowledge. By signing (typing my legal name) in the space below, I certify that I am the person completing this application.

I understand that if selected for a scholarship I may be required to provide documentation supporting the veracity of the information provided herein.

E-signature