



Miss Weary Foundation  
4942 E. 66<sup>th</sup> Street North, Suite 1  
Tulsa, Okla. 74117

Dear Student:

The Miss Weary Foundation is pleased with your decision to complete its application for a scholarship award.

Miss Weary Foundation extends scholarship awards as part of its certified nurse aide program. We are proud to have begun this activity as part of our mission since its inception in 2017. Scholarship awards are based on financial need. As we are unable to meet the needs of every student who applies, certain information must be included with the application form for evaluation. Please be assured that all information is kept confidential; and is not shared with any other organization or legal entity.

Include the following items with your completed application form:

- 1. Completed scholarship application with information from pages 1-3 included***
- 2. One letter of recommendation – from a non-family member, (i.e. community or organization leaders, or counselors)***
- 3. One (1) page essay on your reason for the application, your goals and aspirations for the future***

**\*Omission of any of the above will forfeit your application\***

All information must be sent via US mail (not hand-delivered) to the address referenced within the scholarship application and must be **postmarked** \_\_\_\_\_ . All applicants will be notified via US mail of award results, postmarked no later than \_\_\_\_\_ .

Good luck and our sincere wishes for a successful future.

Wendy Williams, RN, MS, MPH  
Executive Director

JP Williams, RN, MHA  
Board Chair and Scholarship Chair



## MISS WEARY FOUNDATION SCHOLARSHIP APPLICATION

*\*Please print legibly in black and/or blue ink\**

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Current Academic Semester \_\_\_\_\_

### EDUCATION

Last School Attended \_\_\_\_\_

Graduated/Completed: YES or NO

List any financial assistance and amounts you have already received. ***\*Attach additional paper if necessary\****

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### ACTIVITIES

Health Related Community Service

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Academic – Honors/Recognitions. ***\*Attach additional paper if necessary.\****

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**ESSAY**

In the space below, write a one (1) page essay describing why you would like to be considered for the Miss Weary Foundation Scholarship. Please include your goals, any challenges or financial disadvantages you have faced as you've worked to advance your education in healthcare.



**ACKNOWLEDGEMENT**

PLEASE REVIEW AND SIGN THE FOLLOWING STATEMENT.

I verify the information requested/listed below, along with my completed scholarship application form, has been submitted in order to receive consideration for the,

Miss Weary Foundation, certified nurse aide program scholarship.

**I understand omission of any of the following will forfeit my scholarship application.**

- *Completed scholarship application with information from pages 1-3 included*
- *One letter of recommendation – from a non-family member, (i.e., community or organization leaders, or counselors)*
- *One (1) page essay on your reason for the application, and your goals and aspirations for the future*

I hereby certify the information contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

**\*Applications must be received via US mail (not hand-delivered) and must be postmarked no later than \***

**Return to:  
Miss Weary's Foundation  
4942 E. 66<sup>th</sup> Street North, Suite 1  
Tulsa, OK 74117**