



Miss Weary Foundation Scholarship Application

Dear Applicant,

The Miss Weary Foundation is pleased that you have chosen to apply for a scholarship award. We commend your commitment to advancing your education and pursuing a career in healthcare.

The Miss Weary Foundation awards scholarships in support of its Practical Nursing Program, a cornerstone of our mission since the Foundation's establishment in 2017. Scholarship awards are granted based on demonstrated financial need.

Because available funds are limited, all applicants must submit complete and accurate information for evaluation. Please be assured that all materials submitted will be kept strictly confidential and will not be shared with any other organization or legal entity.

Required Application Materials

To be considered, applicants must submit all of the following items:

- ***A completed scholarship application (Pages 1–3)***
- ***One (1) letter of recommendation from a non-family member (e.g., community leaders, organizational leaders, educators, or counselors)***
- ***One (1) typed, double-spaced essay (one page) addressing:***
 - ***Your reason for applying for this scholarship***
 - ***Your educational and career goals***
 - ***Any challenges or financial hardships encountered while pursuing a healthcare education***

Important Notice: Omission of any required item will result in automatic disqualification

Submission Instructions

Applications are reviewed quarterly on a rolling basis (**Jan 15th, Apr 15th, Jul 15th, Oct 15th**). Mailed applications must be postmarked by the deadline to be eligible for consideration.

****If mailed, all information must be sent via US mail to the address referenced within the scholarship application (hand-delivered applications will not be accepted).**

All applicants will be notified of scholarship award via email.



MISS WEARY FOUNDATION SCHOLARSHIP APPLICATION

Please print legibly in black and/or blue ink

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

EDUCATION

Last School Attended _____

Graduated/Completed: YES NO

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

ACTIVITIES

Health Related Community Service

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



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, Practical Nursing 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 typed 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

Date

****If mailed, all information must be sent via US mail (not hand-delivered) and must be postmarked by the 15th of the applicable quarter (January, April, July, or October). Review Submission Instructions Pg 1.**

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

We appreciate your interest in the Miss Weary Foundation Scholarship Program and wish you every success in your educational and professional endeavors.

Sincerely,

Wendy Williams, RN, MS, MPH
Executive Director

JP Williams, RN, MHA
Board Chair and Scholarship Chair