



THE RUTH S. CLAYTON MEMORIAL NURSING SCHOLARSHIP

Policy Guidelines and Procedures

The Ruth S. Clayton Memorial Nursing Scholarship Fund, established in 2001, provides a scholarship to a woman who is a graduate of a Utah high school, who is accepted into a R.N. or R.N./B.S.N. program at a Utah educational institution and who has demonstrated financial need. The recipient must be recommended by a Utah P.E.O. chapter. The maximum scholarship amount is \$4,000. Several scholarships are awarded. The usual amount is between \$750 and \$2500. Applications are distributed to Utah colleges and universities annually in November, and application is due April 15.

Purpose

The RUTH S. CLAYTON MEMORIAL NURSING SCHOLARSHIP is a grant program providing financial assistance to women graduates from Utah high schools to attend schools located in the state of Utah to study nursing with the goal of attaining an R.N or R.N./B.S.N. degree.

Eligibility and Selection Criteria

Applicants must need financial assistance in order to continue their education, have high academic achievements, extra-curricular and/or community involvement, and established nursing career goals. Applicants should be within 4 semesters of graduation at the time of application. Priority will be given to women whose intention is to work as nurses in the state of Utah for at least two years following their graduation. A woman who has received a scholarship may reapply to receive a scholarship for a second year. These scholarships are open to women who have graduated from Utah high schools and who will have been accepted into an accredited (under the guidelines of the Utah State Board of Nursing) Utah R.N. or R. N./B.S.N. program at the time of the scholarship award. Please check the Utah State Board of Nursing website to see if your school is on the list of accredited nursing schools.

The applications of individuals who satisfy the criteria set forth above will be evaluated on a nondiscriminatory basis without consideration of race, national origin, religious affiliation, sexual orientation, or disability.

Amount of Grant

Several scholarships up to \$4,000 will be awarded. The usual awards are between \$750 and \$2500. Scholarship amounts will be based on need and on the tuition requirements of the program into which the applicant has been accepted. The money is intended as a grant-in-aid for tuition and books necessary to reach the applicant's educational goal. After all that is required has been received, funds will be disbursed by the P.E.O. Foundation in July or August of the year awarded. You will only receive this paperwork if you have been accepted for a scholarship award. It is in addition to your application paperwork.

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Checklist

Application Procedures

Applications for scholarships shall be made to the Ruth S. Clayton Memorial Nursing Scholarship Committee. The Scholarship is administered by the Utah State Chapter P.E.O. Sisterhood, an organization helping provide educational opportunities for women. Applications shall be submitted between January 1 and April 15 of the year in which the scholarship is to be awarded. Recipients of the scholarships will be notified after the P.E.O. Foundation has approved the committee selections, and funds will be disbursed after all acceptance paperwork has been received by the foundation. The following application forms are required and should be submitted to the Chair of the committee.

- ___ Application Form completed by the Applicant.
- ___ Income and Expense Statement completed by the Applicant.
- ___ Letter from the Applicant stating her educational background, financial need, career goals, and educational objectives specific to achieving these goals.
- ___ A total of four letters of personal recommendation, one from a sponsoring P.E.O. Chapter. To get in touch with a P.E.O. Chapter, contact the Chair of the Ruth S. Clayton Memorial Scholarship Committee before March 1 of the year of application.
- ___ Proof of enrollment in a Utah college or university in a R.N. or R.N./B.S.N. accredited program (required before award of the scholarship; not necessary for application).
- ___ Certified copy of transcripts from all high schools and colleges/universities attended.
- ___ Photograph of the applicant.

Ruth S. Clayton Memorial Nursing Scholarship committee uses a shared email address for committee business. Contact the Chair and her committee by emailing: peoutah.clayton@gmail.com

Ruth S. Clayton Memorial Nursing Scholarship Committee – May 3, 2016 to May 6, 2017

Chair: Margaret Gray, Z (2015-17)	801-423-8312 (after 4:00 p.m.)
778 S. 410 E., Salem UT 84653	
Sharon Agan, W (2015-2018)	760-419-2123
Kim Carson, AJ (2016-2019)	435-649-1743

Completed materials must be **RECEIVED BY the Chair by April 15, 2017**. Please do not send application by any manner requiring a signature upon receipt. Late applications will not be considered. Send to:

Chair, Ruth. S Clayton Memorial Nursing Scholarship Committee
Margaret Gray
778 S. 410 E., Salem UT 84653

NOTE: The committee sees many qualified applicants each year and is unable to consider incomplete applications. Please provide all items and allow sufficient time to meet with the sponsoring P.E.O. chapter.

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Application Form

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City, State, Zip)

Phone No. _____ Email _____ Date of Birth: _____

Graduated from Utah High School: _____
(School Name) (City)

Year Graduated: _____ G.P.A. _____

College: _____
(Name) (Location) (Degree)

Dates Attended: _____ G.P.A. _____

Work Experience (State type of job, dates employed, full or part time):

Current: _____

Previous: _____

Extra-Curricular Activities and Community Involvement: _____

Nursing Program: _____
(School Name, City)

Date Term Begins: _____ Estimated Completion Date: _____

Are you a member of the P.E.O. Sisterhood? Y/N _____

Are you a citizen or permanent legal resident of the U.S. or Canada? Y/N_____

Are you related in any way to:

- A member of the P.E.O. Sisterhood? Y/N _____
- A member of the Ruth S. Clayton Scholarship selection committee? Y/N _____
- A trustee of the P.E.O. Foundation or officer of the International Chapter of the P.E.O. Sisterhood?
Y/N _____
- The donor of or a substantial contributor to the Ruth S. Clayton Scholarship fund or any member of the contributor's family? Y/N _____

Signature of Applicant: _____ **Date:** _____

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Statement of Income and Expense

<p>MONTHLY INCOME (deduct taxes withheld)</p> <p>Salary: Applicant \$ _____</p> <p style="padding-left: 40px;">Husband (if married) \$ _____</p> <p>Financial Aid: (actual per month)</p> <p style="padding-left: 40px;">Scholarships, grants \$ _____</p> <p style="padding-left: 40px;">Loans \$ _____</p> <p>Child Support/alimony: \$ _____</p> <p>Welfare assistance/food stamps: \$ _____</p> <p>Parent Contribution \$ _____</p> <p>Other income \$ _____</p> <p>TOTAL monthly income ** \$ _____</p> <p>ADDITIONAL INFORMATION</p> <p>Total in Savings Accounts \$ _____</p> <p>Total in Checking Accounts \$ _____</p> <p>Total in Investments \$ _____</p> <p>(please list on separate sheet)</p> <p>Total educational loans to date \$ _____</p> <p>Total Debts: (Mortgage, credit cards, loans, etc.) \$ _____</p> <p>EDUCATIONAL EXPENSES PER TERM</p> <p>Tuition \$ _____</p> <p>Books/Educational Supplies \$ _____</p> <p>Transportation (to/from class) \$ _____</p> <p>Childcare (related to education) \$ _____</p> <p>Other: _____ \$ _____</p> <p>Other: _____ \$ _____</p> <p>Other: _____ \$ _____</p> <p>TOTAL EDUCATION EXPENSES \$ _____</p> <p>Number of Months per Term: _____</p> <p>MONTHLY EDUCATIONAL EXPENSES</p> <p style="text-align: right;">\$ _____</p> <p><small>** (Divide total educational expenses amount by the number of months in each term. Place this figure in the appropriate line of the Monthly Expense column.)</small></p>	<p>MONTHLY EXPENSES</p> <p>Rent/mortgage payment \$ _____</p> <p>Food/groceries \$ _____</p> <p>Utilities \$ _____</p> <p>Telephone \$ _____</p> <p>Personal expenses:</p> <p style="padding-left: 40px;">Clothes, activities, etc. \$ _____</p> <p>Medical/Dental \$ _____</p> <p>Automobile: Payment \$ _____</p> <p style="padding-left: 40px;">Insurance \$ _____</p> <p>Insurance: home, health, life, etc. \$ _____</p> <p>Loan/charge payments \$ _____</p> <p>Childcare (not education related) \$ _____</p> <p>Other: _____ \$ _____</p> <p>Other: _____ \$ _____</p> <p>Other: _____ \$ _____</p> <p>TOTAL PERSONAL MONTHLY EXPENSES</p> <p>\$ _____</p> <p>(add monthly expenses above)</p> <p>ADD ** from lower left column)</p> <p>MONTHLY EDUCATIONAL EXPENSES</p> <p>\$ _____</p> <p>TOTAL MONTHLY EXPENSES</p> <p>\$ _____</p> <p>I confirm that this financial statement is correct to the best of my knowledge.</p> <p>_____</p> <p>Applicant's signature</p> <p>_____</p> <p>Date</p>
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