



## ANGELICA G. MUNS NURSING SCHOLARSHIP

The Community Foundation for Ocala Marion County is pleased to administer the Angelica G. Muns Nursing Scholarship. Mrs. Muns, a United States Airforce Lt. Colonel, was a registered nurse who served during World War II. Her love of her service and her profession led to her desire to establish a nursing scholarship to ensure that those wanting to excel in the field of nursing had the opportunity to attend school to become an RN or BSN. Mrs. Muns and her husband were provided excellent healthcare in Marion County and her scholarship is established for those students who plan on staying in Marion County and working at a Marion County acute healthcare facility. In August & January of each year, \$2000 will be awarded to scholarship recipients. Recipients must maintain a 3.0 GPA through the duration of nursing school.

### Criteria for applying:

1. Applicants must have completed fundamentals of nursing
2. Applicants must be pursuing their BSN or ADN degree
3. Applicants can be a full-time or part-time nursing student

### Required documents needed with Application:

1. Letters of recommendation from a nursing clinical instructor & a personal reference.
2. A copy of applicant's official transcripts. (Applicants must have & maintain a 3.0 GPA to qualify for any subsequent awards)
3. Essay describing your personal aspirations & career goals. Also explain how this scholarship will impact your ability to reach your goals and impact our community. (Essays should be no more than 2 pages, double-spaced in Times New Roman font)

### Student Information

Student Name \_\_\_\_\_ Last Four of S.S.# \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

School You Currently Attend \_\_\_\_\_

I am currently pursuing my (Check One) \_\_\_\_\_ BSN \_\_\_\_\_ADN

Current GPA \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

### Please Review and Initial the following:

\_\_\_\_\_ I give permission for the Community Foundation to share my essay with others

\_\_\_\_\_ I agree to allowing my picture to be used in any promotion/marketing of the award

## Memorandum of Understanding

I, \_\_\_\_\_ understand and agree that I have been awarded the Angela G. Muns Nursing scholarship and I agree to;

- Provide a copy of my transcripts every semester I am a recipient of the scholarship award.
- I will maintain a cumulative GPA of 3.0 or higher in all courses. Withdrawal from a term, will disqualify the recipient from this scholarship and require repayment of the scholarship award.
- I understand that I may be awarded up to 2 additional semesters after their initial award as long as I meet the GPA requirement of the scholarship. (Note: No applicant will receive more than \$6,000 overall)
- I agree to work in a full-time position post-licensure at a general acute care hospital in Marion County
- I agree to work 12 months post-licensure for the first \$2,000 scholarship award. Note: for every additional semester awarded applicants agree to work an additional 6-months per award.
- I understand that I will be required to repay the total amounts of scholarship awards on a pro-rata basis should I not fulfill the employment requirements.
- I agree to participate in activities as requested by the scholarship committee.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**To Submit Application please use one of the following:**

**By Mail:**

Please mail your application with all required documents to:

Community Foundation for Ocala/Marion

324 SE 24<sup>th</sup> Street

Ocala, FL 34471

(All submissions must be postmarked by the deadline date in order to be accepted)

**By Email:**

Please email your application with all required documents to [Submissions@ocalafoundation.org](mailto:Submissions@ocalafoundation.org).