The Gilbert E. Briley Nursing Scholarship

2024/25 Scholarship Application

Background

The Gilbert E. Briley Trust for Nursing Scholarships was created to provide a perpetual form of financial assistance to help graduating seniors of Shelby County (Indiana) Schools pursue a degree in nursing (registered nurse (RN) or licensed practical nurse (LPN)).

Award

The Gilbert E. Briley Trust will award two (2) scholarships to graduates of Shelby County Schools who maintain permanent residency in Shelby County. The amount of each scholarship is **\$2,500.00**. Scholarship payments will be paid directly to the recipient's chosen college or university.

Scholarships are not automatically renewable in subsequent years; however, any former Shelby County Schools graduates are eligible to reapply in subsequent years so long as they continue to meet the eligibility requirements.

Eligibility

- (1) Must demonstrate financial need
- (2) Must have permanent residency in Shelby County and must be a graduate of Shelby County Schools*
- (3) Must be pursuing an undergraduate degree in nursing (RN or LPN)
- (4) Must possess a positive attitude, desire to learn, and a scholarly work ethic

Requirements

- (1) Completed Scholarship Application
- (2) Copy of High School Transcript (unofficial copies will be accepted)
- (3) Two Letters of Reference
- (4) Completed Essays
- (5) Signed Statement of Accuracy

Instructions for Submitting Application

OR

Applications must be received by 5:00 p.m. on May 31, 2024. Late applications will not be accepted.

Please mail or email one copy of your completed application to the following:

Union Savings and Loan Association C/O Trust Department 730 N. Central Ave. Connersville, IN 47331

bbauman@uslabank.com

Scholarship applicants will receive notification letters the week of June 24th.

^{*}Expected 2024 graduates may also apply

Ple	ase print clearly			
1.	Personal Information:			
	First Name:	Last Name:		
	Street:			
	City:	State:	Zip:	
	Daytime Telephone Number: ()			
	Email Address:			
	Please check all that apply:			
	☐ I work during the school year.			
	Name of Employer:		Avg. # hours Worked:	
	☐ I am primarily responsible for paying			
	If yes, please explain*:			
				·
	* IC - 14''			
	* If additional space is needed, please provide	your response(s) on a se	eparate attached page.	
2.	Family Information:			
	Father's Personal Information (or Legal Gua	rdian)		
	First Name:			
	Address (If different from above):			
	Daytime Telephone Number: ()			
	Name of Employer:			
	Highest Education Level Obtained:			
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First Name:	Last Name:		
Street:			
City:	State:	Zip:	
Daytime Telephone Number: ()			
Name of Employer:			
Highest Education Level Obtained:			
	NAME	<u> </u>	<u>AGE</u>
Sibling Information, if applicable*: _			
_			
_			
* If additional space is needed, please list	on a separate attached page		
Financial Information:			
Father's Annual Salary (or Legal Guar	dian)*: \$		
Mother's Annual Salary (or Legal Gua	rdian)*: \$		
*Salary information provided above shall be b verification will be required.	ased on 2023 calendar year in	come. If selected as a scho	plarship recipient, i
Please check all that apply:			
☐ My parent(s) or guardian(s) finar	ncial situation is likely to ch	ange over the next four	years.
If yes, please explain*:			
			·
☐ I am a 21 st Century Scholar. If yes, please explain remainin			
☐ I am a 21 st Century Scholar. If yes, please explain remainin	ng financial need*:		

3.	Academic Information:			
	High School Cumulative Grade Point Average (GPA): (On a 4.0 scale) *Please attach proof of GPAYour most recent school transcript must be provided.			
	Intended Field of Study:			
	Please check all that apply:			
	☐ I have decided which college or university I will attend in the fall.			
	If yes, please provide name:			
	☐ I have not decided which college or university I will attend in the fall.	fall. my grades and/or attendance. te attached page.		
	If yes, please provide your top 3 choices:			
	·			
	☐ I have experienced one or more hardships that adversely affected my grades and/or attendance.			
	If yes, please explain*:	-		
	* If additional space is needed, please provide your response(s) on a separate attached page.			
4.	Personal Achievements, Extracurricular Activities, and Volunteerism:			
	A. List any honors, awards, or recognition you received while in high school:			

	B. List extracurricular activities you have been involved in and the number of years you participated in each: C. Provide a list of the volunteer activities you have participated in and the number of hours served for each:	
5.	Essays: On a separate sheet, please include a typewritten essay (500 words or less) for each of the following questions: A. Why did you choose your planned program of study and what are your future career aspirations? B. Explain the most defining moment in your life?	

STATEMENT OF ACCURACY AND ACKNOWLEDGMENT

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship. Signature of scholarship applicant: **Date:** _____ Checklist Completed Application Most Recent Transcript Two Letters of Reference Two Typewritten Essays Signed Statement of Accuracy and Acknowledgment Optional Information- You may include any other items you would like the Committee to consider when reviewing your application, such as a cover letter, acceptance letter, letter(s) of reference, etc. Please mail or email one copy of your completed application to the following: **Union Savings and Loan Association** C/O Trust Dept. OR bbauman@uslabank.com 730 N. Central Ave. Connersville, IN 47331 **REMINDER:** Applications must be received by 5:00 p.m. on May 31, 2024