



DARCY DENGEL MEMORIAL NURSING SCHOLARSHIP

The Darcy Dengel Memorial Scholarship is in honor of Darcy Dengel, a graduate of Manhattan High School. Darcy, a Mercy Flight Nurse, gave her life in service to others. This Scholarship, administered by the Manhattan Public Schools Foundation, is to be applied to tuition and books only. The Scholarship is in the amount of \$2000 and an applicant may apply three times with a maximum lifetime award of \$5000 to any one applicant.

(Revised May, 2021)

DARCY DENGEL MEMORIAL NURSING SCHOLARSHIP

SCHOLARSHIP GUIDELINES:

The Manhattan Public Schools Foundation sponsors this scholarship opportunity for Manhattan Public High School Graduates who have declared an intent to attend a College/University and are going into the field of Nursing Education or Nursing Certification. The scholarship will be awarded at graduation from high school but the finances will not be available until the second year of study in the Nursing Program with a letter of acceptance into the College Nursing Program and a transcript of the most recent grades. Recipients of this award are chosen through a Scholarship Selection Committee based on criteria as stated. If a Nursing student does not apply for this Scholarship it can be awarded to someone in the Healthcare/Health Sciences Field at the discretion of the Foundation Board.

CRITERIA: SUBMIT WHAT IS APPLICABLE UPON GRADUATION FROM MANHATTAN HIGH SCHOOL AND THE REST WHEN YOU ARE ELIGIBLE TO RECEIVE THE AWARDED FUNDING:

- Applicant must be in good academic standing with a grade point average (GPA) of 2.75 or higher; submit your most recent grade transcript.
- Applicant must maintain a 2.75 grade point average.
- Applicant must take a minimum of nine (9) credits per semester.
- Applicant must submit completed application form with required documentation.
- Applicant must be a graduate of Manhattan Public High School, Manhattan, Montana.
- Applicants must be enrolled in an accredited Nursing Program and show proof of acceptance into the second year of study. (can submit at a later date)

GENERAL INFORMATION AND APPLICATION PROCESS:

The Manhattan Public Schools Foundation determines availability of scholarship(s). Applications are available through the Manhattan Public Schools Foundation. Direct all questions regarding the application process to: Manhattan Public Schools Foundation, INC., PO Box 1223, Manhattan, Montana 59741.

APPLICATION DEADLINE IS MAY 15, FOR THE COMING SCHOOL YEAR.

APPLICANTS MUST SUBMIT THE FOLLOWING CRITERIA:

- Completed application form by designated deadline; grammatically correct and one sided.
- A copy of a letter of acceptance into the College/University you will be attending.
- Copy of transcripts reflecting at least a GPA of 2.75 from the most recent year of academic study.
- Two letters of recommendation (see application).
- A letter stating how you will improve healthcare in your Community in the future and how you have demonstrated this in the past and present.
- A written statement of financial need.

DARCY DENGEL MEMORIAL NURSING SCHOLARSHIP APPLICATION

Full Name: _____ Date _____

Address: _____ City _____ State/Zip _____

Home Phone _____ Cell _____ Email _____

Social Security Number _____

Have you ever been convicted of a felony? ____ Yes ____ No

Have you applied for a scholarship with us previously? ____ Yes ____ No

What is the name and address of the educational facility you have been accepted to attend?

Name of Program/Degree _____

Date Program begins _____ How many credits are you taking? _____

Anticipated date of Graduation: _____

Anticipated cost of tuition and books per semester _____

If you have volunteer experience give the name of your supervisor and explain where and for

how long you were involved: _____

Are you currently employed? ____ Hours per week ____ Employer _____

Have you been employed or worked as a volunteer in a hospital or healthcare facility? Give a brief description _____

Student signature: _____ Parent/Guardian _____

PLEASE INCLUDE WITH THIS APPLICATION:

- ____ Copy of transcripts reflecting the previous year of academic study
- ____ Two (2) signed letters of recommendation;
*at least one from your current advisor or instructor.
- ____ A letter stating how you will improve healthcare in your Community in the future and how you have demonstrated this in the past and present.
- ____ A written explanation of financial need.
- ____ If you are selected to receive a scholarship, The Foundation reserves the right to publish your picture in newspapers, Foundation newsletters and website. If you do not have a current photo and are selected, we will assist you with a photo.

PLEASE BE PREPARED TO SEND US A COPY OF THE FOLLOWING CRITERIA

AT WHICH TIME YOU WILL BE ELIGIBLE FOR YOUR FINANCING TO BEGIN. YOU NEED TO INCLUDE YOUR STUDENT ID NUMBER AND AN ADDRESS FOR THE SCHOOL'S FINANCIAL AID DEPARTMENT:

- ____ A copy of the letter of acceptance into the Sophomore year of an accredited College of Nursing or other Health related field of study.
- ____ A current transcript of your grades.
- ____ Three (3) signed letters of recommendation;
*at least one from your current advisor or instructor at the University level.
- ____ A current list of any volunteer services you have been involved with while in College. (You can use the Community Service/Volunteer Statement form that you filled out for your Scholarship Application as follows).

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THE COMMUNITY SERVICE/VOLUNTEER VERIFICATION STATEMENT

Please have your community service representative verify your service by filling out the form below for each community service/volunteer activity that you included in your application.

ACTIVITY #1 By completing the following statement you are verifying that all the community service described is true and accurate to the best of your knowledge.

NAME OF ACTIVITY: _____

"I certify that _____
(applicant name)

Participated in _____
(name of activity)

For _____ from _____ to _____
(name of organization) (dates)

Signature of person verifying service _____

Title _____ Daytime Phone _____

ACTIVITY #2

NAME OF ACTIVITY: _____

"I certify that _____
(applicant name)

Participated in _____
(name of activity)

For _____ from _____ to _____
(name of organization) (dates)

Signature of person verifying service _____

Title _____ Daytime Phone _____