



Rita Sorensen Memorial Nursing Scholarship

(Payson Campus Only)

Online Application accessible at
<https://gilacc.org/nursing/>

Funding provided by Arizona Community Foundation thanks to Mr. Sorensen

Apply by August 11, 2025 for Fall Semester

Apply by December 12, 2025 for Spring Semester

Gila Community College is very pleased to announce that applications are being accepted for the **Rita Sorensen Nursing Scholarship for up to a maximum of \$2000 per semester, and a maximum award of \$8000 over the span of the program.**

Scholarship Program Overview:

The purpose of this scholarship program is to discover, nurture and develop nursing talent to meet the demands of the state and the nation. A key program goal is for ALL scholars to

1. become Aware of the many exciting opportunities available in health care in the Payson community,
2. take Control of their lives, careers, professional development, academics, and
3. pursue Excellence with respect to all aspects of their education.

Eligibility Criteria and Requirements:

- Register for Gila Community College classes as a declared Nursing major
- In the application under Section 4, Motivation & Goals, describe your financial need, personal career interests, and a vision on how you would serve the Payson community after graduation, to be submitted with this application.
- Submit the name and contact information for two references.
- Scholarships can only be awarded up to the maximum amount of unmet need.
- Submit all requested information via email to Savannah Carpino, savannah.carpino@gilacc.org. For questions about the scholarship, Savannah can be reached at 928-468-8039, Ext 226.



ELIGIBILITY, WHAT YOU WILL NEED, CRITERIA

- ☐ Student at Gila Community College, demonstrate unmet need, declared Nursing major, contact information for two references, motivation and goals, taking classes toward the Nursing degree, and maintain a 2.5 or higher cumulative GPA.

WHAT YOU WILL NEED

- ☐ Fill out this application
- ☐ Financial Need and Motivation and Goals: Take control of your career and start looking at where you are interested in working and what you would like to do. This document will be a guide for your future, and your plan for achieving career academic goals.
 - Introduction describing your future vision of using your Nursing degree to serve the Payson community.
 - Describe your financial need.
 - Describe employers you are interested in working for and why you like these particular companies.
 - Include leadership, project experiences, community service, computer skills, jobs - paid and unpaid etc. that have prepared you for a career in Nursing.

AWARD CRITERIA

Applicants will be evaluated based on the following criteria:

- Commitment to serving in the Payson community
- Merit
- Financial Need

- Submit the Needs-Based Scholarship Application by August 11, 2025 for the Fall semester or by December 15, 2025 for the Spring semester. Submit all requested information via email to Savannah Carpino, savannah.carpino@gilacc.org. For questions about the scholarship, Savannah can be reached at 928-468-8039, Ext 226.



Rita Sorensen Memorial Nursing Scholarship Application

Section 1: Personal Information

Full Name: _____

Student ID: _____

E-mail Address: _____

Date of Birth: _____

Contact Information:

Phone: _____

Email: _____

Current Address: _____

Permanent Address (if different): _____

Demographic Information:

Gender (check only one by double clicking on the box):

- ☐ Male
- ☐ Female
- ☐ Do not wish to provide

Ethnicity (check only one by double clicking on the box):

- ☐ Hispanic or Latinx
- ☐ Not Hispanic or Latinx
- ☐ Do not wish to provide

Race (check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Do not wish to provide

Are you a U.S. citizen or permanent resident?

- ☐ Yes
- ☐ No



Do you work while enrolled in school?

- ☐ Yes
- ☐ No

If yes, how many hours on average per week during the term?

For which block(s) are you applying for (check all that apply.)

- ☐ NUR 110
- ☐ NUR 120
- ☐ NUR 230
- ☐ NUR 240

Section 2: Academic Information

Current Level of Education (e.g., High School, Undergraduate, etc.):

Program/Major

Expected Graduation Date:

Section 3: Financial Information

Are you currently employed? (Yes/No) If yes, please describe your job and monthly income:

- ☐ Yes
- ☐ No

Monthly Income

Job Description

Do you receive any financial assistance? (scholarships, grants, family support)

If yes, please list the source and amount:

Estimated total monthly household income: \$

Number of dependents in your household (including yourself):



Describe any major financial responsibilities or hardships (e.g., medical expenses, loans, loss of income):

Section 4: Motivation & Goals -

Why are you applying for this scholarship?

How will this scholarship help you achieve your academic and career goals?

Describe employers you are interested in working for and why you like these particular companies.

List leadership, project experiences, community service, computer skills, and jobs that have prepared you for a career in Nursing.

What are your long-term goals after completing your education?

Section 5: References

Provide the name and contact information for two references.

Reference 1

Full Name: _____

Phone Number: _____

Email Address: _____

Reference 2

Full Name: _____

Phone Number: _____

Email Address: _____



Section 6: Release of Information and Declarations

By signing below, I certify that the information contained in this form is true. I also give my permission for all information in this form as well as the relevant information in my Gila Community College record, including transcript and entrance information, to be available to Nursing advisors to determine continuing eligibility for this scholarship. I understand that this form will become a part of my official student record at Gila Community College.

I certify that the information provided is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Submit all requested information via email to Savannah Carpino, savannah.carpino@gilacc.org. For questions about the scholarship, Savannah can be reached at 928-468-8039, Ext 226.