



# Colonel Mildred Imogene Butler Nursing Scholarship Application

(2024/2025 St. Petersburg College School Year)

Please type or print **LEDGIBLY**.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): (\_\_\_\_) \_\_\_\_\_ (C): (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Academic Year: 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_ 4th \_\_\_\_

Cumulative GPA: \_\_\_\_\_ (Attach most recent complete transcript)

Previous Recipient: Yes \_\_\_\_ No \_\_\_\_ Enrolled in SPC Nursing Program Yes \_\_\_\_ No \_\_\_\_

## **VOLUNTEER COMMUNITY SERVICE ACTIVITIES** (Documentation of service required)

Organization	Description	Hours Volunteered/year
_____	_____	_____
_____	_____	_____

## **COLLEGIATE ACADEMIC HONORS**

Title	Description
_____	_____
_____	_____

## **EXTRA CURRICULAR ACTIVITIES** (Do not include community service activities)

Organization	Description	Hours/Week
_____	_____	_____
_____	_____	_____



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## (2024/2025 St. Petersburg College School Year)

- ♦ Scholarship is provided for study at St. Petersburg College to a student pursuing a degree in the medical field, preferably as a registered nurse.
- ♦ Candidate is encouraged to remain in contact with the Kiwanis Club of Seminole Breakfast by either attending a club meeting or a club event/project once a semester (after scholarship is awarded). Please visit our website at [www.kiwanisseminolebreakfast.com](http://www.kiwanisseminolebreakfast.com) for various projects and events. The Club meets every Tuesday morning at 7:30 a.m. at Lurie Civic Building on the SPC Seminole Campus (9200 113th St. - Seminole, FL).
- ♦ Candidate must have current **and** prior community service experience. (*Documentation of volunteer service required*)
- ♦ Reference back to the Scholarship Requirements to insure all criteria has been met.
- ♦ **Tentative interview date is Tuesday, June 4, 2024 beginning at 5:30pm**

CERTIFICATION: By signing below I certify that the answers given in this application are true and complete. I understand that the Scholarship Committee of the Kiwanis Club of Seminole Breakfast will evaluate the information I have provided and make their decisions based on that information. I agree to provide supporting documentation for any of my answers if requested by the scholarship Committee. I understand that completing this application is no guarantee of receiving a scholarship.

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Applicant Signature

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Date

Include with your application:

- Make sure you have the current year application
- GPA documentation (*include complete transcript*)
- List of Volunteer/Community Service activities (*Include documentation of volunteer service*)
- Essay of not more than 2 typed pages on why you are interested in the nursing or medical field
- Proposed date for attending one of our Kiwanis meetings or events/projects. (*after scholarship award*)
- Return completed application to: **Brittany Stebbins (Stebbins.Brittany@spcollege.edu)**
- **Submission deadline is MAY 15th.**
- For questions please contact Leah Hoffman at Mykiwanisaccount2020@yahoo.com)