

RHODE ISLAND COLLEGE FOUNDATION

Debra A. Dumont Memorial Scholarship Endowment Fund

HISTORY and PURPOSE

This endowment fund was established in April 1994 by the family and friends of Debra A. Dumont, a senior nursing student at Rhode Island College whose life was claimed in a fatal car accident just prior to her graduation. Particularly active in generating widespread support for the new Fund in Debra's memory were her father and stepmother, Gordon and Catherine Dumont, and Michael Turcotte, L. P. N., who had worked with Debra. Many members of her loving family and wide circle of admiring friends contributed to the Dumont Scholarship.

Debbie was a dedicated, caring, loving young woman who was a nursing assistant at Elmhurst Nursing Home while she pursued her studies. It is the donor's wish to provide scholarship support for students at the College who are following in Debra's footsteps and who are very much like her in their passion for nursing as a profession.

GENERAL PROCEDURES

The Fund will be administered by the Rhode Island College Foundation as an endowed scholarship fund, and interest earnings only will be spent to support the actual award (s) to the student (s). The Fund may be added to at any time. The award will be administered under the general procedures for privately funded scholarships established by the College for this purpose, with the following additional provisions:

SELECTION CRITERIA

1. The recipient must be a U. S. citizen, a Rhode Island resident and a sophomore (beginning) or junior (intermediate) full-time nursing student with caring qualities who qualifies on a need basis.
2. The student must be working while completing his/her degree, and must be committed to nursing as a career.
3. Applicants for the award must complete a written essay (no more than 500 words) on **"What Nursing Means to Me."**
4. Completed applications and essay to Professor Annette L. Griffin in the School of Nursing deadline MAY 31st.
5. A faculty screening committee, to be named by the department chair, will select the recipient (s).
6. Recipient (s) will be notified of their selection by mail.

Date: _____

Debra Dumont Memorial Scholarship - APPLICATION

Name: _____

Mailing Address: _____

Telephone Number: _____

Social Security Number: _____ U.S. Citizen: _____ Yes, _____ No

Student Level (Check one) _____ Sophomore, _____ Junior

Place of Employment: _____

Type of Employment: _____

Length of Employment: _____

Other Scholarships, Grants, Awards: _____

EDUCATIONAL RECORDS AUTHORIZATION:

I hereby authorize the Awards Committee, Department of Nursing, to receive from appropriate Rhode Island College officials copies of all educational records necessary for the review and consideration of this scholarship application.

Signature

Date