

The Doris Mathewson Award

Beneficent Congregational Church has established the Doris Mathewson Award within the Rhode Island College Foundation as an annual award to be used to benefit students of nursing at Rhode Island College. The award honors Doris Mathewson upon her retirement from parish nursing.

Doris Mathewson is a registered nurse who received a diploma from Rhode Island Hospital and a bachelor's degree from Rhode Island College. Her vision of parish nursing came to fruition when she became the founding Parish Nurse of Beneficent Congregational Church. She has contributed greatly to the well being of the church and the community. Devotion, perseverance, compassion, and an insightful ability for strong interpersonal relations characterize her work. This award was established to recognize those nursing students who have demonstrated these qualities.

A \$1,000 award is offered annually to a student enrolled in nursing. Selection is based on academic performance and service to the department and/or community. The deadline for application is the last class day of the spring semester and the awardee is announced at the beginning of the academic year in September.

Selection Criteria

1. Applicants may be either part-time or full-time undergraduate candidates who have been accepted into the nursing major at Rhode Island College.
2. One award will be given annually.
3. Applicants must possess an overall cumulative index of at least 3.00.
4. Applicants must attain at least a 3.00 in each required nursing course.
5. Applicants must receive satisfactory clinical evaluations.
6. Although the primary emphasis is on scholarly achievement, each applicant should present evidence of department activities and service to the college and community.
7. Each applicant will submit a typewritten statement about his/her personal philosophy of nursing.
8. Completed applications should be sent to Professor Annette L. Griffin in the School of Nursing deadline May 31st.

DORIS MATHEWSON AWARD

This form is to be typed or printed and returned to the Awards Committee, Department of Nursing, Rhode Island College, Providence, Rhode Island 02908.

NAME _____

ADDRESS _____

TELEPHONE # _____ SOCIAL SECURITY NO. _____

Describe involvement in Nursing Department activities:

Describe service to the College and the Community:

ACADEMIC RECORD: GPA _____

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 application.

Signature

Date