

Rhode Island College – School of Nursing

The William F. Ciambrone Scholarship

Applicant's

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____

GPA: _____

The recipient

- Must be a declared undergraduate nursing major
- Must be enrolled full-time (12 credit hours)
- Must be a Rhode Island resident
- Must demonstrate financial need as determined by the Office of Financial Aid
- And must have achieved at least a 3.0 GPA at the time of application for scholarship

I give permission for the committee members to review my academic file.

_____ (Signature)

