

Rebekah Assembly Medical Award (RAMA)

Eligible to receive the award:

Any person attending a medical program in which the student receives a diploma or a certificate of completion for said career.

All applications will be checked to make sure the student is attending a Maine school and the school they are receiving the award for before any funds are paid out.

Any student may apply for any medical assistance along with nursing awards.

Requirements for Nursing Students (Associate or Baccalaureate Degrees)

Student must maintain a 2.9 GPA

REBEKAH ASSEMBLY MEDICAL AWARD

APPLICATION MUST BE COMPLETED IN FULL

Date _____

Student Information:

1. Name _____
Last Name First Name Middle Initial
2. Home Address _____
Street & No. City State Zip Code
3. Telephone No. _____ E-Mail _____
Date of Birth _____

Parent/Spouse/Legal Guardian Information:

4. Name: _____
5. Address _____
Street & No. City State Zip Code

Other Scholarship Information:

6. Have you applied for other scholarships/awards? ____ Yes ____ No
If so, where? _____
If so, how much? _____

Academic Program Information

7. Name of School/Program/Institution in which you are applying _____
Address _____
Circle 1st, 2nd, 3rd, 4th, year applying for (For Nursing 2-4 Year Only)
Student ID # (Only if applicable) _____
8. Have you been accepted for admission? - ____ Yes ____ No
a. If so, what is the name of the Admissions Director? _____
b. Address: _____
c. Phone Number: _____ Email Address: _____

- d. Statement of Preparation you have made for this course _____

- e. High School and Training _____

- f. Jobs & Savings, etc. _____

9. Are you employed on a part-time basis (minimum)? ____Yes ____No

a. If so, how much do you earn per week? \$ _____

b. Employment information (Job Title, Employer) _____

11. Approximately how much money (financial assistance) is required to enter, or remain in the program/School of your choice? \$ _____

12. Why is financial assistance needed?

13. If accepted, we would like you to write a letter to let us know how the semester went. Will you be willing to comply with this request? ____Yes ____No

14. Name of High School & Address

15. Name of Principal & Award Date for students

Please provide names of three (3) people who know you personally (not relatives) who are willing to recommend you for this award. Include your high School principal or director of the college/university if already attending.

Name	Address	Relationship

*Teacher, Friend, Neighbor, Pastor, etc.

18 Two Letters of Recommendation MUST accompany all applications to have them eligible to qualify. (First year Students: Guidance and/ or Principal, etc. Second-fourth year students, including (associate or bachelor’s degree) Program participant, Director of Nursing and/ or Clinical Nursing Instructor).

19 High School or College OFFICAL Transcript MUST accompany application (For Nursing 2-4 Year Only)

If I am a recipient of this award, I will endeavor to complete the program of study. Should I VOLUNTARILY RESIGN OR FAIL TO MEET THE ACADEMIC CRITERIA, I ACCEPT the responsibility to repay, in full, (interest free), the amount granted, over a reasonable period of time, not to exceed two (2) years.

The above statements and information are, to the best of my knowledge, true and correct.

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Date of Application	Signature of Applicant
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Applicant (MUST BE SIGNED IFAPPLICABLE)

Completed application, letters of recommendation and Transcripts should be sent to:
Kera Ashline, Rebekah Assembly Secretary 80 Caron Lane Auburn, Maine 04210
FOR APPLICATION TO BE CONSIDERED, ITMUST BE LEGIBLEAND COMPLETELY FILLED OUT
If more space is needed, please use remaining space or a separate sheet of paper