DESCRIPTION: The Helen Pearson Scholarship is an award presented annually to an outstanding individual involved in, or wishing to pursue study in the field of perinatal health care. A $1,500 award is to commemorate volunteer efforts and more than forty years service to both March of Dimes and Epsilon Sigma Alpha by Helen Pearson.

SCHOLARSHIP: $1,500.00 - Two $750 checks will be issued, made payable to the recipient/institution. The award is to be used for tuition, fees and books only. Winner will be notified by April 13th, 2012.

CRITERIA: Applications will be judged on the following: Financial Need (25%), Grades (35%), Community Service (15%), Employment (10%) and Leadership qualities (15%). All applications must include all supporting documentation in order to be considered complete. All documentation must be typed. Applicants must be enrolled in school for two full semesters; Fall 2012 and Spring 2013.

DEADLINE FOR APPLICATIONS TO BE RECEIVED IN MARCH OF DIMES OFFICE IS MARCH 16th, 2012.

All required documentation must be typed and in the March of Dimes office by 4:30 PM by deadline date. There will not be any follow-up by this office. Please make sure to submit a current year, 2012, application.

REQUIREMENTS:

- 1. Completed application
- 2. Personal reference letter, academic
- 3. Personal reference letter, other (i.e.: employer, volunteer director, church member, etc.)
- 4. Official, sealed transcript (most recent year period)
- 5. Acceptance letter or proof of enrollment from college/institution
- 6. Written summary statement of financial need (Do not send W-2, FAFSA, or IRS tax form)
- 7. Written applicant statement of goals/purpose of study

OBLIGATIONS: Applicant must have serious intent to pursue studies in the perinatal health care field. Following each semester of study, the recipient must submit grade reports and notify ESA/MOD of any change of address or emphasis of study. In order to continue scholarship funds, the recipient must maintain a grade point average of “B”. Scholarship winner will be expected to attend the annual ESA meeting in May.

APPLICATIONS AND SUPPORTIVE DOCUMENTS MUST BE RECEIVED BY MARCH 16th, 2012

Lakeshia Brown, Coordinator of Program Services
March of Dimes Foundation
6815 Manhattan Blvd., Ste. 102
Fort Worth, TX 76120
Phone: 682-201-3035
2012 Helen Pearson Scholarship Application

NAME: ____________________________ SSN #: ____________________

ADDRESS: _________________________ DATE OF BIRTH: ____________

CITY/STATE/ZIP: ___________________ TELEPHONE: ________________

HOW LONG AT PRESENT ADDRESS: ________________________________

EMAIL ADDRESS

====================================================================

MARITAL STATUS: _____ S _____ M SPOUSE’S NAME: ____________________

SPOUSE’S EMPLOYER: _____________________________________________

ADDRESS: ______________________________________________________

TITLE: ______________________________ TELEPHONE: ________________

NBR OF CHILDREN: _____ AGES: _________________________________

====================================================================

Please fill out this family information section if you’re single and under the age of 24:

FATHER’S NAME: ___________________________ TELEPHONE: ___________

ADDRESS: ________________________________

MOTHER’S NAME: ___________________________ TELEPHONE: ___________

ADDRESS: ________________________________

AGES OF SIBLINGS: __________________________

====================================================================

HIGH SCHOOL ATTENDED: _______________________________________

ADDRESS: _____________________________________________________

SCHOLASTIC AVERAGE (4 YR): _______ CLASS RANK: _______ SIZE: _______
APPLICANT’S EMPLOYER: ____________________________________________

ADDRESS: _______________________________________________________

TITLE: ____________________________________________________________ TEL#: __________________

HOW LONG? _____________________  HOW MANY HOURS/WEEK? ________________

DESCRIBE DUTIES: ________________________________________________

_______________________________________________________________

NAME OF COLLEGE/UNIVERSITY ATTENDING/PLANNING TO ATTEND:

_______________________________________________________________

ADDRESS: _______________________________________________________

CHECK THE FIELD OF STUDY TO PURSUE:

_____ Nursing/Nurse Midwifery  _____ Pediatric Pre-Osteopathy

_____ Occupational Therapy  _____ Pediatric Pre-Medicine

_____ Pediatric Physical/Respiratory Therapy  _____ Nutrition (M/CH)

INCLUDE ADDITIONAL PAGES IF NECESSARY FOR THE FOLLOWING:

LIST OUTSTANDING HONORS AND AWARDS:

_______________________________________________________________

LIST PROFESSIONAL MEMBERSHIPS (Indicate any leadership positions/roles): _________

_______________________________________________________________

LIST VOLUNTEER & CIVIC PARTICIPATION (Indicate how many hours per week and describe involvement):

_______________________________________________________________

_______________________________________________________________

RETURN APPLICATION AND SUPPORTIVE DOCUMENTS TO:

Lakeshia Brown, MPH, CHES
Coordinator of Program Services
THE HELEN PEARSON SCHOLARSHIP
March of Dimes Foundation
6815 Manhattan Blvd., Suite 102
Ft. Worth, Texas 76120