Ashley Rochelle Abel Memorial
SCHOLARSHIP APPLICATION

GENERAL INFORMATION

The Ashley Rochelle Abel Memorial Fund has been kind enough to award a $500.00 scholarship for the 2017-2018 school year to one deserving Otero Junior College Nursing student. Ashley Abel was an Otero Junior College student with a passion for Nursing. Ashley successfully completed her Certified Nurse’s Assistant certificate as well as her EMT Basic program in preparation for the OJC Nursing program. In 2010, Ashley suffered a traumatic brain injury, and passed away in a car accident caused by a ruptured brain aneurism in January of 2014. This scholarship is to be awarded to a Nursing student who meets the following guidelines:

1. Recipient must be admitted into the OJC Nursing program for the 2017-2018 academic year.
2. Recipients must maintain a cumulative grade point average of 3.0 or higher in the all nursing courses (or maintain satisfactory academic progress established by the OJC Nursing Program).
3. Recipients must complete 5 hours of community service with the Wayne Cash Annual Toy Run and Toy Dance, the Ashley Rochelle Abel Memorial Foundation, or the La Junta American Legion-Post 9 organization.

*Community service must be completed within the 2017-2018 academic year. If community service criteria is not fulfilled, recipient will be charged back the funds from the scholarship.

The recipient is chosen by the Ashley Rochelle Abel Memorial Scholarship Committee on the basis of application documents. (Financial need is not a requirement.)

Please complete the attached application and return to:
Otero Junior College
Financial Aid Office
1802 Colorado
La Junta, CO 81050
by 5:00 p.m., Monday, April 3, 2017.

The following must be included with your application:

a. Official high school or college transcript.
b. Official acceptance letter from the OJC Nursing Program.
c. Autobiographical statement of the driving force behind your decision to become a nurse.
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PLEASE PRINT OR TYPE

Name_______________________________________________________________________

Last                        First                        Middle

Permanent address____________________________________________________________

Street/P.O. Box

City                        State                        Zip Code

Home Phone (     )______________________ Work Phone (     )____________________

Student Identification Number________________________________________________

EDUCATION

Grade Level at OJC Anticipated Graduation Date

__________________________________________ ________________________________

Grade Point Average: High School _________ College_________ (Please provide most recent GPA)

VOLUNTEER ACTIVITIES

Name any community or school organizations in which you participated. (Include vocational student organizations)

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________________________________________________________________________

Describe any volunteer activities in which you are involved.

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________________________________________________________________________
I hereby authorize the selection committee of the Ashley Rochelle Abel Memorial Scholarship to obtain from my school or from any other source such information or dates as it may require in connection with this application.

I understand that, if awarded this scholarship, it may be withdrawn unless I maintain a satisfactory academic standing as required for this scholarship.

I certify this application is accurate.

________________________________________________________
(Please sign here)  Date