

The Vera Shukle Nursing Scholarship



Roseburg Lions Club

In addition to the main mission of Lions Club, serving those in need of sight and hearing services, the Roseburg Lions also have their effort to help individuals further their education. Vera and Tony Shukle were original charter members of the Umpqua Lions. Vera was a registered nurse most of her life. The club honors their memory by giving a nursing scholarship each year.

This scholarship will be awarded anually to an Umpqua Community College student who attended Roseburg High School. **The amount of the award is \$1000.**

In awarding this scholarship the committee shall consider academic record, need and ultimate college goals.

Application deadline: Ongoing

Basis of Selection: A \$1000 scholarship will be given to an applicant that has been accepted to the nursing program at Umpqua Community College. The grant will be awarded on the basis of merit, motivation and need. The selection will be made by an Umpqua Lions subcommittee. The recipient will be notified by the committee. Only completed applications, including all information requested (2 letters of recommendations, and proof of acceptance into the UCC nursing program) will be considered.

Please submit application to:

Roseburg Lions Club PO Box 566 Winchester, OR 97495

Or e-mail to

jearlplumm@gmail.com

The Vera Shukle Nursing Scholarship

THE ROSEBURG LIONS CLUB

Application

Part One: PERSONAL AND EDUCATIONAL INFORMATION

NAME		
		Middle
ADDRESSStreet	City	State/Zip
	DATE OF BIRTH	
HOW LONG HAVE YOU RESI	DED IN DOUGLAS CO	OUNTY?
NUMBER OF MEMBERS IN Y FINANCIAL SUPPORT?		EPENDENT ON YOUR
Part 2: PREVIOUS EDUCATI	ON:	
HIGH SCHOOL		
COLLEGE		
COLLEGE	.	
OTHER		
Major Field of Study		
PLEASE include an unofficial t	ranscript from your las	et educational institution
Part 3: FINANCIAL INFORMA	ATION	
Are you currently employed?	If yes, f	ull or part time
Have you received any other s		

Step 4: COMMUNITY INVOLVEMENT List community activities in which you have participated (civic, school, church, volunteer) **GOALS:** What goals do you have for the future and why are they important to you? With this application: Please submit two letters of recommendation from individuals not related to you. Please submit proof of acceptance into the UCC nursing program.

I certify that the information provided on this application is true and correct.

Date

STUDENT CERTIFICATION

Student Signature