

The Verna Nygaard Scholarship Fund is available for students planning to attend a university, accredited college or school of higher learning in the United States. The Nygaard Scholarship is for the benefit of students who have lost a significant family member and who have been supported by the work of Community Hospice through one of their youth grief programs.

I. Scholarship Awards

- a. The Verna Nygaard Scholarship will be awarded annually.
- b. Scholarship awards will be made on or before June 1st each year. The Scholarship award year is defined as June 1st to May 31st.
- c. A scholarship recipient shall receive a maximum of one (1) scholarship per award year.
- d. A scholarship recipient shall be eligible to apply for renewal annually for up to four years providing that the applicant maintains satisfactory scholastic standards.

II. Scholarship Awards

- a. All initial or renewal applications and supporting materials must be mailed to Community Hospice Foundation, 4368 Spyres Way, Modesto CA 95356 and be postmarked no later than May 1st prior to the scholarship award year.
- b. Application and supporting materials include:
 - i. A completed Verna Nygaard Scholarship application
 - ii. An official school transcript and grade report from the school currently attending or most recently attended. The official school transcript should list all grade points earned and academic course work completed to date
 - iii. A brief statement (about 500 words) prepared by the applicant indicating his/her reasons for wanting to continue their education.
 - iv. Two (2) letters of recommendation. Letters of recommendation should be from a teacher, school administrator, counselor, clergy, work supervisor, or military supervisor (active, reserve or National Guard), who can address the qualifications and academic aptitude of the scholarship applicant. Letters of recommendation may not be from immediate family members, close family friends, blood relatives, or relationships by marriage.

III. Educational Institution Classifications

- a. Eligible institutions of higher learning shall include any post-secondary institution requiring a high school diploma or Graduate Equivalent Degree (G.E.D.) for entry to include:
 - i. Any public or private four (4) year accredited college or university,
 - ii. Any public or private two (2) year accredited college, or
 - iii. Any public or private accredited Vocational Technical College or Training Institution

IV. Scholarship Award Disbursement

- a. Scholarship award money shall be deposited with the university, college or institution of higher learning to which the student is attending.
- b. The award money is credited to an account in the individual's name to be drawn upon for:
 - i. Fees or charges required for tuition,
 - ii. Fees or charges for room and board (on or off campus) while attending school, and
 - iii. Expenses for text books, course work, lab fees and other materials as required by a course instructor (e.g., goggles, art/drawing supplies, glass slides, etc.) for required course assignments or projects.
- c. Scholarship awards are not transferable to another individual or institution and are forfeited by the recipient upon withdrawal from the institution or upon failure to meet the institution's appropriate standards of academic achievement, conduct or character



VERNA NYGAARD SCHOLARSHIP

New application **Renewal for** Year 2 Year 3 Year 4

Student Name

First Name

Middle Initial

Last Name

Mailing Address

Street

City

State/Province

Zip Code

Home Phone ()

Area Code

Cell Phone ()

Area Code

Email

High School Attending

Parent/Guardian

Home Address

Street

City

State/Province

Zip Code

Name of Education Institution you will be Attending

Type of program you will be enrolled in for the academic year

Bachelor Associate Technical/Trade Certification

School's Mailing Address for Scholarship Information

Street

City

State/Province

Zip/Postal Code

Name of Deceased

First Name

Middle Initial

Last Name

Relation to Applicant

Date of Birth

Date of Death

Applicant's Age at Time of Death

Applicant's Date of Birth

Parent/Guardian Signature

Date

I certify that all of the information contained in this application is accurate. I understand that Community Hospice Foundation will verify my information as part of my application for this scholarship.

Applicant Signature

Date

By signing the above application for financial assistance you are authorizing Community Hospice Foundation to use your name and photo in print, social media and website award announcement.

Application with required materials must be postmarked by May 1, 2021.

Return completed application to: Verna Nygaard Scholarship Fund, Community Hospice, 4368 Spyres Way, Modesto, CA 95356.