ABE GROSFIELD MEMORIAL NURSING SCHOLARSHIP

Helena College will award four **(4)** annual scholarships in the amount of **$700.00**, to current students enrolled in the Nursing Program and meeting satisfactory academic progress (SAP) requirements, or a student enrolled in the C.N.A. Program through Continuing Education. This scholarship will be applied to tuition and fees for the 2027-2028 academic year.

This scholarship was made possible through a gift donation by Mr. Abe M. Grosfield, a long-time rancher in the Lincoln area who realized the ever growing need for qualified nurses in Montana, especially in the rural areas. Since his passing, his sister, Andrea, and her husband, Jerre, have graciously continued Abe's mission to assist Helena College nursing students.

Completed applications should be returned to the Financial Aid Office at Helena College, 1115 North Roberts Street, Helena, Montana, 59601.

DEADLINE: APRIL 30TH, 2027 NO LATER THAN 5PM

REQUIREMENTS: Complete this cover sheet, submit an essay describing yourself, your financial situation, and the reason you are pursuing a career in the nursing field. Submit at least one professional letter of recommendation. Incomplete applications will not be considered or reviewed.

SELECTION CRITERIA: Priority will be given to a Montana resident and Montana high school graduate. The recipients of this scholarship will be students of average academic ability (not necessarily the highest grade point average) who demonstrate above average personable skills. The recipients must be meeting satisfactory academic progress (SAP) requirements.

NAME _____ PHONE _____

MAILING ADDRESS: _____

CITY_____STATE_____ZIP_____

HIGH SCHOOL: _____

The scholarship committee/Helena College may submit a notice of the award to the local newspaper or use the award information in public relations documents. The award information may include your name, program and dollar amount awarded. By signing this form you acknowledge and agree that this information may be disclosed.

SIGNATURE _____ DATE _____