



## **SCHOLARSHIP APPLICATION**

Application for the **NIGEL O. HODGE FOUNDATION SCHOLARSHIPS** must be received by the committee by May 26, 2022 to be eligible for consideration. This scholarship is for students who will be majoring in the medical field (i.e. nurse, physician, and health related field). The scholarship will be awarded based upon financial need, qualifications and must have been enrolled in school in the Virgin Islands for at least three (3) years prior to application. It is a one-time scholarship in the amount of \$1,500.00, Applicant must have at least a 2.5 GPA.

## **PROCESSING SCHOLARSHIP APPLICATION**

Committee will review applications  
Committee will select finalist  
Committee will announce winner during "Honor's Night" at your school.

**Please provide all required information. Incomplete information will cause for rejection of the applicant Use extra sheets if additional space is needed to complete certain questions.**

### **THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION FORM:**

1. A passport size picture.
2. Type application
3. Transcript
4. Copy of letter of acceptance from an accredited college/university
5. Record of extracurricular activities
6. Three letters of recommendation from either a teacher (s), counselor, church or non-relative who knows you well.
7. Submit a short **ESSAY**, on a separate sheet of paper describing your background, special interest, and reason for wanting to attend college, and "Why you should be awarded the Nigel O Hodge Foundation scholarship? Include your plans for work after completing your college/university study.

Application must be submitted to: **Nigel O. Hodge Foundation Scholarship Committee**  
**P.O. Box 10091**  
**St. Thomas, Virgin Islands 00801**



**PERSONAL INFORMATION**

Name in full: \_\_\_\_\_

*Last*

*First*

*Middle Initial*

Permanent Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_

Citizenship: \_\_\_\_\_

**EDUCATION**

Name of High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Years of attendance: \_\_\_\_\_ Major in College: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Career Goal: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL NEED**

Income and name of major provider (s): \_\_\_\_\_

\_\_\_\_\_

Explain need for financial assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_