THE RUTH S. CLAYTON MEMORIAL NURSING SCHOLARSHIP
Policy Guidelines and Procedures

The Ruth S. Clayton Memorial Nursing Scholarship Fund, established in 2001, provides a scholarship to a woman who is a graduate of a Utah high school, who is accepted into a R.N. or R.N./B.S.N. program at a Utah educational institution and who has demonstrated financial need. The recipient must be recommended by a Utah P.E.O. chapter. The maximum scholarship amount is $4,000. Several scholarships are awarded. The usual amount is between $750 and $2500. Applications are distributed to Utah colleges and universities annually in November, and applications are due April 15.

Purpose
The RUTH S. CLAYTON MEMORIAL NURSING SCHOLARSHIP is a grant program providing financial assistance to women graduates from Utah high schools to attend schools located in the state of Utah to study nursing with the goal of attaining an R.N or R.N./B.S.N. degree.

Eligibility and Selection Criteria
Applicants must need financial assistance in order to continue their education, have high academic achievements, extra-curricular and/or community involvement, and established nursing career goals. Applicants should be within 4 semesters of graduation at the time of application. Priority will be given to women whose intention is to work as nurses in the state of Utah for at least two years following their graduation. A woman who has received a scholarship may reapply to receive a scholarship for a second year. These scholarships are open to women who have graduated from Utah high schools and who will have been accepted into an accredited (under the guidelines of the Utah State Board of Nursing) Utah R.N. or R.N./B.S.N. program at the time of the scholarship award. Please check the Utah State Board of Nursing website to see if your school is on the list of accredited nursing schools.

P.E.O. Foundation scholarship recipients must be citizens or legal permanent residents of the U.S. or Canada, with the exception of scholarships paid to students attending Cottey College.

The applications of individuals who satisfy the criteria set forth above will be evaluated on a nondiscriminatory basis without consideration of race, national origin, religious affiliation, sexual orientation, or disability.

Amount of Grant
Several scholarships up to $4,000 will be awarded. The usual awards are between $750 and $2500. Scholarship amounts will be based on need and on the tuition requirements of the program into which the applicant has been accepted. The money is intended as a grant-in-aid for tuition and books necessary to reach the applicant’s educational goal. After all that is required has been received, funds will be disbursed by the P.E.O. Foundation in July or August of the year awarded. You will only receive this paperwork if you have been accepted for a scholarship award. It is in addition to your application paperwork.
Application Procedures
Applications for scholarships shall be made to the Ruth S. Clayton Memorial Nursing Scholarship Committee. The Scholarship is administered by the Utah State Chapter P.E.O. Sisterhood, an organization helping provide educational opportunities for women. Applications shall be submitted between January 1 and April 15 of the year in which the scholarship is to be awarded. Recipients of the scholarships will be notified after the P.E.O. Foundation has approved the committee selections, and funds will be disbursed after all acceptance paperwork has been received by the foundation. The following application forms are required and should be submitted to the Chair of the committee.

___ Application Form completed by the Applicant.
___ Income and Expense Statement completed by the Applicant.
___ Letter from the Applicant stating her educational background, financial need, career goals, and educational objectives specific to achieving these goals.
___ A total of four letters of personal recommendation, one from a sponsoring P.E.O. Chapter. To get in touch with a P.E.O. Chapter, contact the Chair of the Ruth S. Clayton Memorial Scholarship Committee before March 1 of the year of application.
___ Proof of enrollment in a Utah college or university in a R.N. or R.N./B.S.N. accredited program (required before award of the scholarship; not necessary for application).
___ Certified copy of transcripts from all high schools and colleges/universities attended.
___ Photograph of the applicant.

Ruth S. Clayton Memorial Nursing Scholarship committee uses a shared email address for committee business. Contact the Chair and her committee by emailing: peoutah.clayton@gmail.com

Completed materials must be RECEIVED BY the Chair by April 15. Email the committee chair at peoutah.clayton@gmail.com for the address to which the materials should be mailed. Please do not send application by any manner requiring a signature upon receipt. Late applications will not be considered.

NOTE: The committee sees many qualified applicants each year and is unable to consider incomplete applications. Please provide all items and allow sufficient time to meet with the sponsoring P.E.O. chapter.
THE RUTH S. CLAYTON MEMORIAL NURSING SCHOLARSHIP
Application Form

Date ____________________

1. Applicant Name ____________________________________________
   (first) __________________________________ (middle) __________
   (last) ____________________________________________
   (mailing address) ______________________________________
   (city) __________________________ (state) ______ (zip code) ______
   (phone: cell) __________________________________________
   (phone: home) _________________________________________
   (email) ______________________________________________

2. Date of Birth __________________________

3. Graduated from Utah High School
   (school name) __________________________ (city) __________
   Year Graduated ________________________ GPA ________________

4. College
   (name) __________________________ (location) __________
   Degree ______________________________ GPA ________________
   Dates Attended _________________________

5. Work Experience (include name of employer, type of job, dates employed, full- or part-time)
   Current: ________________________________________________
   Previous: ________________________________________________

6. Extra-curricular Activities and Community Involvement
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

7. Nursing Program
   (school name) __________________________ (city) __________
   Date Term Begins __________________________
   Estimated Completion Date ____________________
8. Are you a member of the P.E.O. Sisterhood?  
   Yes ___________  No ________________

9. Are you a citizen of the U.S.?  
   Yes ___________  No ________________
   If not a citizen, are you a legal permanent resident of the U.S.  
   Yes ___________  No ________________

10. Are you related in any way to:
    A member of the P.E.O. Sisterhood?  
       Yes ___________  No ________________
    A member of the Ruth Clayton scholarship selection committee?  
       Yes ___________  No ________________
    A trustee of the P.E.O. Foundation or an officer of the International Chapter of the P.E.O. Sisterhood?  
       Yes ___________  No ________________
    The donor of or a substantial contributor to the Ruth Clayton Fund or any member of the contributor's family?  
       Yes ___________  No ________________

If yes to any of these questions, please describe the relationship:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Applicant: ___________________________ Date: ____________________

Application must be received by the RSC Chair no later than April 15
# THE RUTH S. CLAYTON MEMORIAL NURSING SCHOLARSHIP

## Statement of Income and Expense

### MONTHLY INCOME (deduct taxes withheld)
- **Salary:**
  - Applicant: $__________
  - Spouse/Domestic partner: $__________
- Financial Aid: (actual per month)
  - Scholarships, grants: $__________
  - Loans: $__________
- Child Support/Alimony: $__________
- Parent Contribution: $__________
- Welfare assistance/food stamps: $__________
- Other income: $__________

**TOTAL MONTHLY INCOME** **$__________**

### ADDITIONAL INFORMATION
- Total in Savings Accounts: $__________
- Total in Checking Accounts: $__________
- Total in Investments (please list on separate sheet): $__________
- Total educational loans to date: $__________
- Total Debts:
  - Mortgage: $__________
  - Car Loan: $__________
  - Credit Cards: $__________
  - Other debt(s): $__________

### EXPENSE PER TERM
- Tuition: $__________
- Books/Educ Supplies/Lab Fees: $__________
- Transportation (to/from class): $__________
- Childcare (related to education): $__________
- Other: $__________
- Other: $__________
- Other: $__________

**TOTAL EDUCATION EXPENSE** $__________

### MONTHLY EXPENSES
- Rent/mortgage payment: $__________
- Food/groceries: $__________
- Utilities: $__________
- Telephone: $__________
- Personal expenses:
  - Clothes, activities, etc.: $__________
  - Medical/Dental: $__________
  - Automobile:
    - Payment: $__________
    - Insurance: $__________
    - Misc. Expenses: $__________
  - Insurance: home, health, life, etc.: $__________
- Loan/charge payments: $__________
- Childcare (not education-related): $__________
- Other: $__________
- Other: $__________
- Other: $__________

**TOTAL PERSONAL MONTHLY EXPENSES** **$__________**

### ADD MONTHLY EDUCATIONAL EXPENSE** (from lower left column) **$__________**

**TOTAL MONTHLY EXPENSES** **$__________**

### EXPENSE PER TERM (Divide total educational expenses amount by the number of months in each term. Place this figure in the appropriate line of the Monthly Expense column.)

**MONTHLY EDUCATIONAL EXPENSE:** **$__________**

### NOTE: If there is a shortfall between income and expenses, list how much and how is it being funded, including family, credit cards, other:

________________________________________

________________________________________

________________________________________

I confirm that this financial statement is correct to the best of my knowledge.

Applicant’s Signature

Date