

**Delpha J. Lowe Memorial Scholarship**

Our Pearls for Girls is pleased to announce the inaugural Delpha J Lowe Memorial Scholarship—a tribute to the remarkable legacy of a devoted nurse and entrepreneur. Delpha's passion for academic excellence and nursing has left an indelible mark on the healthcare community that will not soon be forgotten.

This scholarship, established by her daughters, aims to support underprivileged women pursuing nursing studies in North America and the Caribbean. Delpha's impressive career spanning over 35 years, including being the first black nurse in Holy Cross Hospital's Cardiovascular Department, inspires us to invest in the next generation of nursing professionals.

Join us in honoring Delpha's commitment to healthcare and education by contributing to this meaningful cause. Together, let's foster academic excellence and empower aspiring nurses to stride in the impactful footsteps of Delpha J Lowe.

**Delpha J Lowe Memorial Scholarship Application**

**Personal Information:**

1. **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Contact Information:**
	* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Are you the first person in your family to attend college/university? (Yes/No)**

**Educational Background:**

1. **Current School/Institution:**
	* Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Major/Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Current Year of Study: \_\_\_\_\_\_\_\_\_\_\_
2. **Previous Educational Institutions:**
	* List previous schools attended, including dates of attendance.

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1. **Academic Achievements:**
	* Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_\_\_\_
	* Any honors, awards, or recognition received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Extracurricular Activities:**
	* List any relevant extracurricular activities, clubs, or organizations you have been involved in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Career Goals:**

1. **Describe your long-term career goals in the field of nursing. How do you envision making a positive impact on the healthcare community? (500 words maximum)**

**Financial Information:**

1. **Annual Household Income:**
	* Please provide an estimate of your family's annual income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Financial Need Statement:**
	* Briefly explain your financial need and how the Delpha J Lowe Memorial Scholarship will contribute to achieving your academic and career goals. (300 words maximum)

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**Essay Section:**

Please provide thoughtful responses to the following essay questions. Each response should be no more than 500 words.

1. Describe your passion for nursing and how it aligns with Delpha J Lowe's commitment to the profession.
2. Discuss a specific challenge you have faced and overcome in your academic or personal life. How has this experience shaped you as an individual and as a future nurse?

**Letters of Recommendation:**

1. Provide the names and contact information of two individuals who are submitting letters of recommendation on your behalf. These individuals should be able to speak to your academic achievements, character, and potential in the field of nursing.
* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:**

1. **Is there any additional information you would like the scholarship committee to consider when reviewing your application? (e.g., extenuating circumstances, unique experiences, etc.)**

**Submission Instructions:**

Please compile all documents, including this completed application form, your essays, and letters of recommendation, into a single PDF file.

**Submission Deadline:**

All applications must be submitted by January 6, 2024. Late submissions will not be considered.

**Submission Email:**

Please email your completed application to info@ourpearls.org

We appreciate your dedication to pursuing a career in nursing and wish you the best of luck in your application!