



## Ann Arbor Area Community Foundation



### 2019 LYNDA ANDRUS MEMORIAL SCHOLARSHIP FUND APPLICATION

The Lynda Andrus Memorial Scholarship Fund awards a \$500 scholarship award annually to an Eastern Michigan University (EMU) student enrolled in the College of Health and Human Services, Department of Nursing. The scholarship is need-based and the award is to be used for the recipient's personal needs, such as books, childcare, transportation costs, food, etc.

Lynda Andrus was a vibrant, caring and compassionate woman enrolled in the EMU Nursing program when her 15-year battle with cancer took her life in 2000. A wife and mother of two teenage boys, Lynda took on the challenge of the grueling program in nursing school when her disease was in an advanced stage. Because of her illness, she was able to share a unique perspective on caring for the sick. Lynda changed every instructor in the nursing school in the way they teach and touched the lives of every one of her classmates who witnessed and experienced Lynda and now carry her skills for compassion into the future. Though Lynda was not able to graduate with her class and enter the nursing field as she so desired, she changed nursing in a way that will positively affect all patients in the future.

She touched the lives of all who knew her and, through this scholarship established in her memory by her family, friends, classmates and other caring members of the community, she will continue to help and care for others in need.

To be eligible, a person must:

- Demonstrate financial need
- Be enrolled at EMU, actively pursuing a degree in Nursing (Undergraduate or RN to BSN)
- Be a non-smoker

Please email ([mferro@aaacf.org](mailto:mferro@aaacf.org)) mail (AAACF- 301 N. Main Street, Suite #300, Ann Arbor, MI 48104), or fax (734.663.3514) your completed application to Maryellen Ferro by **TUESDAY, MARCH 12, 2019**.

For more information, please contact Maryellen Ferro at (734) 663-0401 or [mferro@aaacf.org](mailto:mferro@aaacf.org).

*See reverse side for application form*

## 2019 LYNDA ANDRUS MEMORIAL SCHOLARSHIP APPLICATION

Please provide full and complete answers to each question in print.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year in School \_\_\_\_\_ Student Number \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Who is financially responsible for your education? \_\_\_\_\_

How much money have you saved for college expenses? \_\_\_\_\_

In the event a fund has been set aside for your education, what is the balance? \_\_\_\_\_

If you are employed, name of employer \_\_\_\_\_ Monthly income \_\_\_\_\_

# of family members in your household \_\_\_\_\_ # of family members who are your dependents? \_\_\_\_\_

What are the ages of your dependents? \_\_\_\_\_

What is the estimated total family income (before taxes) for this last year? \_\_\_\_\_

Please explain any special financial circumstances and how this scholarship would help you (attach extra sheet, if necessary):

---

---

---

---

Please list any scholarships you have received for the 2019 -2020 academic year (include the name of the scholarship(s) and the amount(s): \_\_\_\_\_

---

**The information stated above is accurate to the best of my knowledge.**

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

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