

***Martha Winnen Ferguson
Memorial Scholarship in Nursing***

Martha (Winnen) Ferguson was an extraordinary wife, mother, sister, and friend. When not giving of herself to her family and friends, Martha lived for her profession as a nurse in the Cleveland area where she was fondly known as “Marty”. Marty spent 22 years using her Registered Nurse (RN) degree as a tool to better the lives of countless patients under her care. She took immense pride in her profession as a health care provider and never lost sight of the importance of nurses in the medical field. Marty was gifted in her spirit to care for others and make even the most ailing feel comforted in times of need.

The Family and Friends of Marty Ferguson are offering a one-time scholarship of \$1500 to a Senior student at Avon Lake High School planning to attend nursing school in the Fall.

Those students applying should be able to describe their desire to enter the medical profession and pursue a degree in nursing. A well-balanced high school experience and financial need will be taken into consideration.

Application Requirements:

In addition to your Common Scholarship Application, please submit the following to the Avon Lake High School Guidance Office with your Common Scholarship Application in order to be considered for *The Martha Winnen Ferguson Memorial Scholarship in Nursing*:

- Attached one-page General Information Sheet
- A brief essay, no longer than one page, describing why you want to be a nurse and pursue a career in the nursing field.

The recipient will be announced at the Avon Lake Senior Awards Assembly in the Spring.



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Please complete the below information and place this sheet on the top of your application upon submission. One reference is requested for the purposes of final consideration. References may be teachers, ministers, friends, neighbors, or anyone that knows you well outside of your own family.

In the section under Nursing Program Applications, please list the program(s) that you have applied or will apply to for admission in the Fall.

Contact Information

Student's Full Name: _____

Parent(s) Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

Reference

Name: _____ Relation: _____

Years Known: _____ Phone : _____

Nursing Program Applications

1. School: _____ Location: _____

2. School: _____ Location: _____

3. School: _____ Location: _____

4. School: _____ Location: _____

5. School: _____ Location: _____