

*APPLICATION*  
*Muir Family Trust*  
*Scholarship*

*This Scholarship is intended to  
advance a career in nursing as a  
Registered Nurse*

**DUE DATE - MARCH 31, 2025**

**APPLICATIONS RECEIVED AFTER  
THE DUE DATE WILL BE RETURNED**

*Questions: [muir.earlyrisers@gmail.com](mailto:muir.earlyrisers@gmail.com)*

*Mail to: Muir Family Trust Scholarship  
40992 Authentic Road, Soldotna, AK 99669*

## *Muir Family Trust Nursing Scholarship*

*Nancy Muir was the only one of twelve children in her family to pursue post secondary education, graduating in 1968 from Church Home & Hospital in Baltimore, Maryland as a Registered Nurse. With limited financial assistance available, summer jobs and babysitting helped close the financial gap.*

*What was to become a forty year career began at John Hopkins Hospital in OB-GYN surgery. Experience in ICU & CCU units soon followed, but the environment within the surgical theater proved most rewarding. Experience gained in general surgery progressed to major orthopedic procedures before promotion to open heart room supervisor at Los Robles Hospital (HCA) in Thousand Oaks, California.*

*This Scholarship is available to all graduating seniors with a minimum GPA of 2.8 and limited financial resources. The \$12,000 award will be funded over a four year period:*

*(1) \$2,000 (2) \$2,000 (3) \$4,000 (4) \$4,000.*

*In addition to financial need, the applicant will have a history of community volunteer service. Three (3) letters of recommendation are to be submitted with this application from:*

*A member of your high school faculty or staff.*

*A well known influential member of the community.*

*A mentor familiar with your volunteer history & nursing goals.*

*Official high school transcripts and a maximum two page personal essay are also to be included.*

### *PURPOSE:*

*The Muir Family Trust Scholarship is available to graduating high school seniors of the Kenai Peninsula who plan to pursue a nursing career as a registered Nurse. The scholarship is intended to offset part or all of tuition costs, registration fees and books.*

### *APPLICANT CRITERIA:*

*Graduating High School Senior with a minimum 2.8 GPA.*

*Demonstration of financial need.*

*Must be a resident of the Kenai Peninsula Borough.*

*Must be accepted into post-secondary education of an accredited college or university leading to a degree as a Registered Nurse beginning no later than the fall semester of 2025.*

### *AWARDING OF FUNDS:*

*The \$12,000 scholarship award is based on information provided in the application and payable directly to the educational institution. Subsequent payments will be made upon receipt of a letter of request and the most recent official transcript showing the applicant is continuing to pursue a degree as a registered nurse.*

### *INSTRUCTIONS:*

*All required application material must be submitted in one envelope to include an official transcript and three letters of recommendation. Type or clearly print in black or blue ink. It is recommended "Certified Mail-Return Receipt Requested" be utilized to insure your application is received by the deadline.*

*PERSONAL DATA*

*Name* \_\_\_\_\_  
*(First) (Middle Initial) (Last)*

*Home Address* \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

*Home Phone* \_\_\_\_\_ *Alternate (Cell)* \_\_\_\_\_

*E-Mail Address* \_\_\_\_\_ *Fax Number* \_\_\_\_\_

*Years attended school in the Kenai Peninsula Borough* \_\_\_\_\_

*Names of Parents* \_\_\_\_\_

*Letters of Recommendation (Please attach to application)*

*Name Address Telephone*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*EDUCATIONAL INSTITUTION(S) YOU PLAN TO ATTEND:*

*Name of School or Program* \_\_\_\_\_

*Address of School or Program* \_\_\_\_\_

*Estimated starting date of class* \_\_\_\_\_

*FINANCIAL STATEMENT*

*Estimated College Expenses      Sources of Available Funds*

<i>Tuition</i> _____	<i>College Fund</i> _____
<i>Housing</i> _____	<i>Part Time Jobs</i> _____
<i>Books</i> _____	<i>Other Scholarships</i> _____
<i>Travel</i> _____	<i>Miscellaneous</i> _____
<i>Miscellaneous</i> _____	<i>Other Sources</i> _____

*VOLUNTEER AND PHILANTHROPIC ACTIVITIES*

*Indicate if nursing related: First Aid, CPR, CNA, EMT etc.*

<i>Dates</i>	<i>Position</i>	<i>Organization</i>	<i>Duties</i>	<i># Months</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*EXTRA-CURRICULAR ACTIVITIES*

*Please list your extra-curricular activities (most recent first).*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*You may add additional pages if needed.*

## *WORK EXPERIENCE*

*Please list work experience in chronological order.*

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## *CAREER & PROFESSIONAL DEVELOPMENT OBJECTIVE*

*This section is to be completed as an essay and must be printed or written on no more than two separate double spaced sheets of paper (one side) in 12 point type with your name and address as a header. Your response to this section is critical to the evaluation by the Scholarship Committee of your career goals and development strategies.*

*Please address the following specific topics in your essay:*

- Who or what prompted your interest in a nursing career?*
- What obstacles do you envision to become a registered nurse?*
- What are your specific plans for the next four years?*
- Do you plan to remain in the Kenai peninsula area?*
- What are your greatest personal achievements?*

*You are welcome (in confidence) to share extenuating family circumstances of interest to the Scholarship Committee*

## TERMS AND CONDITIONS

*I understand scholarship funds are to be used for expenses incurred only for the costs associated directly with my training such as registration fees, books and course fees. I understand that all funds will be made payable to the educational institution. If selected as a scholarship recipient, I agree to attend all classes.*

*I understand this application must contain all requested materials and must be signed, dated and RECEIVED by MARCH 31, 2025. I understand the recipients are chosen by the Scholarship Committee and that committee members cannot comment on the contents of an application to any other individual. All applications will be held strictly confidential and no materials will be returned. Permission is granted to contact my references.*

### SCHOLARSHIP COMMITTEE MEMBERS:

*William Muir - Conservator, Trustee - Muir Family Trust  
Steve Manley - Branch Manager, NorthRim Bank (Soldotna)  
Carlos Valenzuela - Family Nurse Practitioner (PCHS)  
Nancy Muir - Registered Nurse (Retired), Trustee  
John Kitenge - C.N.A. - Central Peninsula Hospital  
Margaret Stanley - Postmaster (Retired)*

*ACKNOWLEDGEMENT BY APPLICANT: I hereby certify that all the information documented here is accurate and completed to the best of my knowledge. I have read and understand the terms and conditions. I understand all decisions of the Scholarship Committee in the selection of a scholarship recipient are final.*

*Printed Name* \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_