



# Edna Glaspie Carroll Memorial Nursing Scholarship Application

---

The **Edna Glaspie Carroll Memorial** Scholarship was established to honor Edna Glaspie Carroll's memory, who passed away on June 28, 2019. Edna graduated from James Kenan High School in Warsaw, NC, in 1971. She later attended James Sprunt Community College, earning an Associate in Applied Science Degree in General Office Technology and later attended Lenior Community College, earning an Associate Degree in Nursing. She worked as a Licensed Practical Nurse for over 17 years at Duplin General Hospital (now Vidant Duplin), where she was often recognized as employee of the month on several occasions. She would spend many hours on her electronic devices in her latter days, playing her favorite video games and reading God's word.



Each year a \$500.00 scholarship will be awarded to a promising nursing student who is a resident of Duplin County to assist with the costs in attending the college of their choice. The recipient must be a well-rounded student who demonstrates a significant commitment to volunteer service to our community.

The goal of the Edna Glaspie Carroll Memorial Scholarship is to increase the diversity of nurses in Duplin County. The scholarship will recognize individuals who demonstrate excellence and commitment to improving families' care and well-being in our community. The award may be used to assist with tuition and fees for students who are preparing to become nurses and/or advancing their nursing skills through graduate-level education. This scholarship is committed to assist with the economic barriers which prevent some students from pursuing nursing careers. The award is contingent on several criteria, including acceptance to and enrollment in a two- or four-year college and a complete application.

## Scholarship Criteria

- Student is a resident of Duplin County
- Student is enrolled or accepted into an associates, bachelors, masters, or doctoral degree program related to nursing
- Student is pursuing a nursing degree and scholarship funds are requested to assist with the next year of nursing degree education



*Edna Glaspie Carroll*  
**Memorial Nursing Scholarship Application**

---

APPLICATION		
Name:		
Address		
City	State	Zip Code
Home phone number	Mobile phone number	
Preferred Email:		
Have you been accepted into a nursing program? Yes _____ No _____		
If yes, name of college		
EDUCATION		
Are you currently enrolled? Yes _____ No _____		
If yes, name of college	# of hours complete	
Cumulative GPA		
Have you included your most recent transcript with this application? Yes _____ No _____		
Race/Ethnicity (Check the appropriate designation):		
Applicants should be a member of one of the underrepresented groups in the registered nursing profession. Underrepresented groups include nursing students who are:		
_____ Native American or Alaskan Native		
_____ Black or African American		
_____ Hawaiian Native or Pacific Islander		
_____ Hispanic or Latino		
_____ Middle Eastern or North African		
_____ Asian including Chinese, Filipino, Japanese, Korean, Asian Indian, Thai, or Vietnamese/Southeast Asian		

---



*Edna Glaspie Carroll*  
**Memorial Nursing Scholarship Application**

---

*Please respond to the following questions:*

1. Why are you pursuing a nursing career?

2. How would this scholarship help you?

3. What are your goals once you have earned your nursing degree?

4. Please describe the following:

- a. Commitment to nursing and your contribution to improving the nursing profession



*Edna Glaspie Carroll*  
**Memorial Nursing Scholarship Application**

---

b. Potential for impact on nursing in the Duplin County community

c. Academic achievements & extracurricular activities

d. Employment, service, and research experiences

5. Please provide any additional information that might assist the committee in the evaluation of your application.

I declare that the information reported herein is accurate and complete to the best of my knowledge. I further authorize the scholarship committee and its agents to verify any of the preceding information.

Signature \_\_\_\_\_

Date \_\_\_\_\_