

## Frank and Louise Groff Foundation

15 Whitehall Road  
Monroe, New Jersey 08831  
H-609-235-9318  
[srechel@comcast.net](mailto:srechel@comcast.net)

January 2012

Dear Guidance Director:

I am enclosing information about the Frank and Louise Groff Scholarship for prospective **nurses** available to graduates of public high schools located in Monmouth County. Eligibility criteria include financial need, academic accomplishment, and involvement in school and community activities.

Please encourage those students who plan to major in nursing in either a four-year college or a certificate program that the forms may be downloaded from the website [www.groff-foundation.org](http://www.groff-foundation.org). All applications must be submitted to me by **April 1, 2012**; please collect all applications and forward them to me at the address on the letterhead. I plan to meet with all qualified candidates and will contact them to schedule an interview.

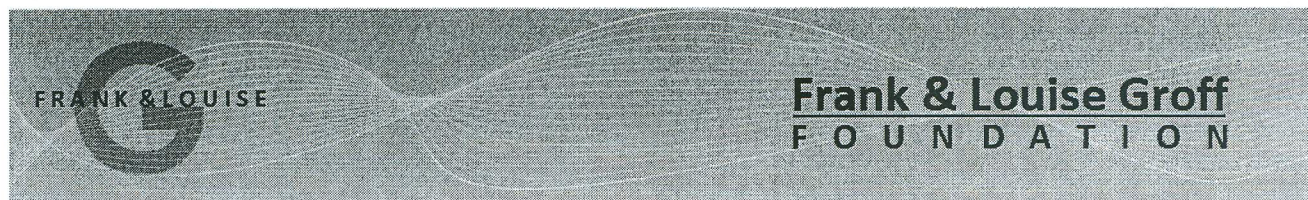
Students will need to submit their transcripts as well as either a FAFSA or copy of their parents' tax return and a recommendation from a teacher or counselor.

If you have any questions you can email me at [srechel@comcast.net](mailto:srechel@comcast.net) or call at 609-235-9318.

Sincerely,



Susan Rechel  
Educational Advisor  
enclosures



[www.groff-foundation.org](http://www.groff-foundation.org)

*Serving Nursing and Medical students from Monmouth County, NJ.*

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## Nursing Scholarship

### How to process your nursing application

1. Apply to schools offering a Nursing Major
2. Print out and complete the Application including the Personal Data and Activity Forms and send to the Groff Foundation no later than April 1
3. Since this award is based on demonstrated financial need as well as academic excellence you must submit either a FAFSA or a copy of your parents' income for the previous year
4. Give the completed Application Packet to your School Counselor and ask your Counselor to attach your High School Transcript which must include your grades, rank in class or department ranking and SAT scores. Also include a recommendation from either your counselor or teacher
5. Your Counselor will send your completed application to the Foundation as soon as all documents are assembled. In order to meet the April 1 deadline, it is recommended that you submit required information to your Counselor by March 1. If you qualify as a candidate, you will be contacted for an interview
6. All information must be sent to Susan Rechel, Education Advisor, at the following address: 15 Whitehall Rd, Monroe, NJ 08831.

[Application Form](#)

[Activity Form](#)



Contact: Susan Rechel  
 Address: 15 Whitehall Road, Monroe, NJ 08831  
 Email: [srechel@comcast.net](mailto:srechel@comcast.net), Phone: 609 235 9318

| APPLICANT INFORMATION |      |                               |                                 |
|-----------------------|------|-------------------------------|---------------------------------|
| Last Name             |      | First                         | M.I.                            |
| Street Address        |      |                               |                                 |
| City                  |      | State                         | Zip                             |
| Phone                 | Cell | E-mail Address                |                                 |
| Date of Birth         |      | Male <input type="checkbox"/> | Female <input type="checkbox"/> |

| PARENTS/GUARDIANS INFORMATION |      |               |     |
|-------------------------------|------|---------------|-----|
| Mother Last                   |      | First         |     |
| Father Last                   |      | First         |     |
| Street Address                |      |               |     |
| City                          |      | State         | Zip |
| Phone                         | Cell | Email Address |     |

| EDUCATIONAL DATA   |     |                                  |  |
|--------------------|-----|----------------------------------|--|
| High School        |     |                                  |  |
| Date of Graduation |     | Name of Counselor                |  |
| Class Rank         | GPA | SAT SCORES (Verbal/Math/Writing) |  |
| Career Plans       |     |                                  |  |

**I have applied to the following schools: (List schools in order of your preference – star any school which has sent you a letter of acceptance)**

| COLLEGES APPLIED TO | Estimated Cost ( tuition, room, board, books, fees) |
|---------------------|---|
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |

| DISCLAIMER AND SIGNATURE  |                  |
|---|------------------|
| <p><b>I authorize use of my transcript, test scores, financial data and any other information furnished by me or my school in determining this award.</b></p> |                  |
| Applicant's Signature   | Parent Signature |

