

Ginny Peer Nursing Scholarship



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Ginny Peer Nursing Scholarship Application



Beverly Virginia (Ginny) Peer was born in Woodstock, Virginia, on September 15, 1957. She attended Central High School and was a proud member of the Class of 1976. After graduation, Ginny attended Mary Baldwin University for two years and then decided she would pursue her passion for helping others and enrolled in the former School of Nursing at Sentara Norfolk General Hospital with the goal of graduating and becoming a registered nurse. At the end of her second year of nursing school in 1980, Ginny sustained a traumatic brain injury after a debilitating accident and required long-term and comprehensive medical care until her death in 2023.

Despite all her challenges, Ginny's spirit remained positive and her passion for nursing never wavered. Although she was unable to complete her studies to become a registered nurse, she wanted to ensure that the opportunity was available to Shenandoah County high school graduates interested in pursuing a career in nursing.

The total amount of the scholarship to be awarded in 2025 is \$1,200. If interested in this scholarship, please return the completed application to your high school guidance counselor by March 16, 2025. You may also email your application to info.scfva@gmail.com or mail to Shenandoah Community Foundation, PO Box 350, Strasburg, VA 22657.

Requirements

1. A qualified recipient must be a graduating high school student with an interest in nursing who will be attending a two- or four-year college; or a resident of Shenandoah County seeking additional education to pursue a higher level of nursing certification
2. Recipient will have demonstrated a responsible attitude towards academics, preferably with a B average or higher, and have exhibited excellence of character with qualities of leadership.
3. Financial aid may be considered.
4. A completed application must be submitted on or before the deadline date.

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Part 1. Student Information

1. Name _____

2. Student Identification # _____

3. Address _____

4. City, State, Zip _____

5. Home and/or Cell Phone Number _____

6. E-mail address _____

7. GPA _____ (please attach a transcript)

8. Institution you plan to attend or to which you have applied

Institution name _____

Accepted Awaiting Notification

Institution address to send scholarship check _____

9. Please include additional information you would like the Committee to know about you

(i.e., special interests, hobbies, family, community service, etc.) _____

By signing this application, I certify that the information is correct to the best of my ability.

Signature of applicant

Part 2. If you want financial need to be considered, please complete the following:

Parent Financial Information – to be completed by Parent(s) or Guardian

1. Father's Name: _____

Occupation: _____

Approximate annual income: _____

2. Mother's Name: _____

Occupation: _____

Approximate annual income: _____

3. Number of dependent children in the family, including the student applicant _____

4. Have you or will you file a Federal Financial Aid Form (FAFSA)? Yes No

5. Explain briefly any special circumstances that increase the need for financial assistance:

6. Has the student applied for other scholarships? Yes No

If the student has been notified of any scholarships that he/she will be awarded, please list below and include the amount:

Signature of Parent or Guardian

Date

Part 3. Student Activities Junior & Senior Years – You may attach your own sheet

1. School-related Leadership Activities

2. Community Leadership Activities

3. Special Awards (such as local, district, state, or national honors)

4. List work experience. Include name of employer, length of employment and job title.

Part 4. Student Essay

Please attach an essay of at least 250 words explaining your interest in a nursing career.

Thank you for your interest in this scholarship.