



# CHRISTA JOYCE FOUNDATION

Christa Joy Joyce was born on April 4, 1986 to Bruce and Carolyn Joyce of Clarkesville and was a 2004 Habersham Central High School graduate and resident of Clarkesville, Georgia. Christa served proudly in the United States Air Force for 3 years and was part of Security Forces. After her service, Christa began nursing school and had only 8 months of college left to complete her RN degree. Christa's desire was to help others by caring for them in a joyous and loving way that only Christa could do. Christa had been on several mission trips and her desire was to one day return to Africa as an RN and help those in need on a medical ship. On May 13, 2014 at the age of 28, Christa was in a tragic one-car automobile accident and passed away on May 22, 2014 from the injuries she sustained from the accident. This foundation was formed by her family and friends to honor her life and to help others who wish to become a nurse. Even though her life was cut short and she was unable to fulfill that lifelong dream, Christa would have been honored to know that she in some small way could help others fulfill their dream. This nursing scholarship will serve as a tribute to Christa's life of courage, love and service to others.

Scholarships will be awarded each year to individuals who are pursuing a nursing career. The amount of those scholarships will depend on money raised and donations given to this foundation and all scholarships are one-time awards. Our goal is to award a minimum of 1 and a maximum of 5 scholarships per year that will range from \$500 and up. The amount of each scholarship will be announced annually depending on the money raised or donated to Christa's foundation. \*\*The minimum yearly scholarship will be \$500 to one individual.

To be eligible for this award, applicants must meet the following criteria:

- **Qualifying students must be pursuing a career in nursing of either an RN or LPN in the state of Georgia.**
- School attending must be in Georgia
- Candidates must be a graduating high school senior or a beginning nursing student of any age.
- Students must be in good academic standing with a GPA of 3.0 or better, and continuing their education and accepted into a nursing program from an accredited institution (college, junior or community college, or technical school)
- Provide a list of community services performed or involved in during the last four years.
- Provide a list of extracurricular activities that they are involved in their school for the past 4 years.
- Upon final review of all applications and essays, selection committee will select recipient and contact the graduating students schools counselor and award will be given on honors day at the school student is attending.

The Scholarship Application process requires:

- Completed application form
- Copy of a letter of acceptance to a college or institution of higher education that offers an approved program of study toward nursing.
- Two letters of reference/recommendation from teachers or organizations where student is involved.
- A copy of official high school transcript
- Completion of a 300-400 word essay stating your reasons for pursuing a career in nursing.

# CHRISTA JOYCE FOUNDATION NURSING SCHOLARSHIP

## Applicant Instructions

- To be eligible for this nursing scholarship, the applicant must be a permanent legal resident who resides in the state of Georgia and has been accepted to or is enrolled in a Licensed Practical Nurse program or Registered Nurse program is eligible for this scholarship.
- The school must be in Georgia.
- Transcripts of school grades are required. G.P.A. requested on application must be current, or last year in school.
- Letter of acceptance into a nursing program from the educational institution applicant will be attending must be submitted. The letter must state that the student has been accepted into an LPN or RN curriculum.
- Letters of reference/recommendation from Teachers, Career Counselors, or Guidance Counselors are required along with the application and are used to help select winners.
- Additional letters or endorsements (non-school related) are encouraged but not required. Limit three (3).
- The selection process will occur in April/May by the selection committee. All nominees will be announced at Honors Day at students high school.
- Scholarship winners must provide the address at the college to which their check is to be mailed. ***The scholarship check will be made payable to the school and may only be used for tuition and books and will be mailed by August each year to the prospective school.***
- Any unused scholarship funds, withdrawal from the nursing program or ineligibility for nursing program, awardee must return funds to the scholarship fund for future participants.
- Applications must be received **on or before April 30.**

### Mail Application and other documents to:

Christa Joyce Foundation, Inc.  
308 Wildwood Lane  
Toccoa, GA 30577

### Or scan and email to:

christajoycefoundation@gmail.com

# CHRISTA JOYCE FOUNDATION NURSING SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Social Security No. (Last 4 digits) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ G.P.A. \_\_\_\_\_

High School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Intended Major \_\_\_\_\_ Start date \_\_\_\_\_

College where accepted \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

List others residing in the household, age and occupation (if any member is currently attending some form of higher education, name of school)

Name	Age	Occupation or School

Estimated tuition cost per semester \$ \_\_\_\_\_ OR per year \$ \_\_\_\_\_

Have you applied for financial-aid (including grants, loans, and scholarships)?  Yes or  No

Indicate amount of financial assistance available yearly from other sources:

**Grants:** Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Loans:** Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Scholarships:** Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

**ACADEMIC AWARDS/HONORS (last 4 years of high school)**


**EXTRA CURRICULAR ACTIVITIES (sports, clubs, etc. last 4 years in high school)**


**LIST COMMUNITY ACTIVITIES AND VOLUNTEER WORK**


Why do you think you should receive this Scholarship?

---

---

---

*In one sentence describe yourself:* \_\_\_\_\_

---

**\*\*Please attach essay on a separate sheet. Essay should include why you chose nursing as your career and should be one page or 300-400 words.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_