

**Pansy Carrick Medical Scholarship**

Funded By

Soroptimist International of Citrus Heights

The Pansy Carrick Medical Scholarship was established in 1986 to honor Pansy Carrick, an integral and inspirational member of Soroptimist International of Citrus Heights.

The Pansy Carrick Award was created to acknowledge the outstanding contributions made to home, school, and community by a young woman entering any medical field of study.

Pansy’s nursing education was initially funded with borrowed money to go to nurses’ training school where she obtained her RN degree in 1928. In 1930, Pansy was asked to fill the position of Nurse Supervisor at a local Sacramento hospital.  She then became the first school nurse at San Juan High School.  She felt ill prepared, so she continually attended classes to learn “what I needed to know yesterday”.  Pansy received her BS degree in 1950 along with her teaching credential and Public Health Certificate and was a school nurse until she retired at age 65.  She then taught adult education classes until she was 70 years young.

Pansy was active in the American Red Cross, which awarded her their highest honor, the Clara Barton Award. She was also active in the American Businesswomen’s Association and was named “Woman of the Year” in 1974 and again in 1984.

Pansy served as President of the League for Nursing, the Nurses Association, Public Health Association of Northern California, and was one of the first board members of the Visiting Nurses Association.  In 1985, Pansy received an award from the Older Women’s League for service called “WOS” - Wonderful Older Women.

Pansy Carrick died March 26, 1992, at the age of 89.  She lived her life setting goals, which she diligently strived to achieve and to serve the people and community for which she loved and appreciated.

The Pansy Carrick Award affirms the Soroptimist belief in the integrity, ability and potential of young women.

**Conditions, rules and regulations for Pansy Carrick Medical Scholarship**

**The Award**

One $1,500 award is given annually.

The Pansy Carrick Medical Scholarship is to be used by the recipient in any manner that will best further her education in the medical field.

**Eligibility and Qualifications**

To be eligible, the applicant must be a female graduating during the current school year from a public or private high school, going on to study in the medical field at a college or vocational school, or be in her first or second year of college or vocational School in the medical field. Soroptimist International of Citrus Heights must receive completed applications postmarked by April 15th. To qualify for the award, which is judged on the merit of the applicant, a student must have demonstrated the following during the school years:

1. **Academic Achievement -** In good scholastic standing and/or have at least average grades.
2. **Dependability -** Applicant must have executed responsibilities with honesty, loyalty and reliability.
3. **Service and Leadership -** Applicant must have demonstrated ability to lead with self-control, dignity and responsibility.
4. **Clear Sense of Purpose -** Applicant must have pursued her goals and commitments with sincerity and integrity.
5. **Financial Need and Dedication -** To obtain an education in the medical field.

**Other Requirements**

* Applicant must reside in the Greater Sacramento Area.
* Applicant must complete this official form for the Pansy Carrick Medical Scholarship.
* Certified copy of transcripts must be mailed directly from school.
* Letters of reference from two adults - one from school (e.g., teacher, dean, advisor) and one from an individual in the community who is a non-relative and has known the applicant for at least one year.

Applications and supporting documents become the property of Soroptimist International of Citrus Heights, which shall have discretionary authority in all matters pertaining to this award.

**Send completed application to:**

Soroptimist International of Citrus Heights

Attn: Scholarship Committee

7250 Auburn Blvd., #190

Citrus Heights, CA 95610

OR

email to: awards@soroptimistch.org

Questions may be addressed to the Scholarship Committee at awards@soroptimistch.org

**Completed application, references and transcripts must be postmarked by April 15th, 2024.**

**PART I** (Please type or print clearly)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schools Attended/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART II** (**Use a separate sheet, answers must be typed and include your name in the upper right hand corner of each page with responses numbered to correlate with questions.)**

1. Aims and Purposes: What are your career plans and goals for the future?

2. Student Activities: Variety and types of activities, offices held, etc.

3. Community Activities:

 a. List community activities and describe your involvement in each.

 b. Which activities did you initiate?

 c. What do you consider your most important activity and why?

4. Other activities: Describe other activities that extend beyond your immediate community.

**PART III**

1. What are your family responsibilities?

2. Where do you expect to obtain resources for your education (i.e., other scholarships, parental support, student loans, etc.)?

3. Explain why you are qualified to receive this particular scholarship

I have read and hereby accept the conditions, rules and regulations outlined in this application and agree to accept the decision of the judges as final.

I certify that I did not receive any assistance in completing this application.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_