Chapter 1030
Cumming, GA

**THE THOMAS G. KIRBY**
**2027 MEMORIAL NURSING SCHOLARSHIP**

Cumming Chapter 1030 of the Vietnam Veterans of America will award a $5,000 scholarship to a deserving nursing student seeking an ADN (Associate Degree in Nursing) or BSN (Bachelor of Science in Nursing) from an accredited college or technical school. Chapter 1030 is offering this scholarship to honor the life and service of former member, the late Thomas Kirby, a U.S. Navy Hospital Corpsmen. He had a deep and abiding respect for nurses. He knew first-hand how military nurses in Vietnam saved untold thousands of America's pride and treasure who were injured while serving in combat.

To be eligible applicants must be a resident of Forsyth County, a U.S. citizen and a relative of a U.S. military veteran. (Winner will be required to submit DD-214 of military relative)

Each candidate must include with their application proof of acceptance or enrollment as a nursing student. Applicants can be new to nursing school or farther along in their career education.

The chapter scholarship committee will base its selection on the following criteria:

1. Academic Excellence
2. Community Service
3. Demonstrated financial need.

**In addition, each applicant must submit a minimum 500-word original essay answering the question "I want to pursue a career in nursing because…"**
**(No essays produced with artificial intelligence please)**

Applications must be postmarked no later than December 1, 2026, to be considered and sent to:

Martin Farrell
2715 Saddlebrook Glen Drive
Cumming, GA 30041

Applications will be available on the chapter website www.vva-cumming.com, or by calling 770 500-7234.

*The VVA Scholarship committee's selection will be final.*

**PLEASE NO DOUBLE-SIDED COPIES OR STAPLES**

**APPLICANT**
**NAME:**_____

**HOME ADDRESS:**_____

**TELEPHONE:**_____

**EMAIL ADDRESS:**_____

**NAME OF MILITARY VETERAN RELATIVE:**_____
**(**FORM DD-214 WILL BE REQUIRED OF INDIVIDUAL SELECTED FOR SCHOLARSHIP)

**TRANSCRIPT OF MOST RECENT GRADES:**

**NAME OF NURSING SCHOOL YOU WILL ATTEND**
**OR ARE**
**ATTENDING:**_____

**PROOF OF NURSING SCHOOL ENROLLMENT**
**OR ACCEPTANCE:**_____

**APPLICANT SIGNATURE/DATE:**_____

**PLEASE REMEMBER TO INCLUDE ESSAY WITH APPLICATION!**