

2026 Debroah D. Sellers Memorial Nursing Scholarship

The Sellers Family Foundation is proud to present two \$1,000 scholarships in memory of Deborah Sellers. Deboarh was a 1976 graduate of Rockdale County High School who proudly served the Conyers community for over 4 decades as a caring nurse.

Application packages are due by April 3, 2026

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

- Graduating Senior enrolled in Rockdale County Public Schools
- Pursuing a degree as an LPN or RN upon Graduation
- Earning a cumulative and major grade point average of 3.0 or greater on a 4.0 scale
- Intention to pursue a career in the medical field as a RN or LPN

APPLICATION SUBMISSION REQUIREMENTS

1. Completed Student Application Form
2. Completed Endorsement Form from RCPS Teacher
3. Written description of career goals, including why you desire to pursue a career in the medical profession
4. Unofficial high school transcript

Submit Application Package and Send Transcripts to:

Erika Yermack, Scholarship Committee Chair

SellersFamilyFoundation@gmail.com

The Debroah D. Sellers Memorial Nursing Scholarship

2025-2026

Student Information

Applicant Name _____ Email Address _____

Home Mailing Address _____

Home/Cell Phone _____

Academic Information

High School _____

Type of Diploma _____

Grade Point Average _____ / _____ Date of Graduation _____

Extracurricular Activities, Honors, and Awards

Higher Education

Name of University, College or Technical College attending upon high school graduation _____

Personal Essay/Statement of Goals (This is required for scholarship consideration.)

Please attach a personal essay, in no more than two (2) pages, of why you are pursuing a degree in the medical profession. Your write-up can include anyone who has inspired you to enter the medical profession and what your plans are upon graduation.

Signature _____ Date _____

Sellers Family Foundation

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Teacher Recommendation Endorsement Form

I have reviewed this application and recommend consideration of this student for a scholarship of up to \$1,000 from the Sellers Family Foundation.

Name _____

Title _____

School _____

Address _____

Email _____

Signature _____

Date _____