FLORISSANT ELKS LADIES SCHOLARSHIP GENERAL RULES

1. Two scholarships in the amount of $2,500.00 each will be awarded this year.

2. Persons may apply for scholarship prior to March 30, 2017.
   Scholarships will be awarded no later than June 30, 2017.

3. The application must be completed in full. NO EXCEPTIONS!

4. Scholarship winners shall be chosen by a committee consisting of the following.
   • Florissant ELKS Ladies Club President or designee
   • Senior Trustee
   • One (1) Member of the Ladies Bingo committee
   • At least three (3) members of the Nursing Scholarship Committee

5. The Scholarship Committee shall base their final selections on the following factors:
   ❖ Proven interest in Nursing as a career
   ❖ Academic ability as measured by standardized test (ACT) and grades
   ❖ Three (3) letters of recommendations and/or letters of endorsement and Personal Bio (Achievements and Awards)
   ❖ At the time of the selection procedure, persons of greater financial need will be given preference, if all other factors are essentially equal (extraordinary family circumstances)

6. The decision of the Scholarship Committee shall be final

7. The Scholarship Award recipients shall be required to guarantee that the monies received from the Florissant ELKS Ladies Club Scholarship Fund be refunded should recipient not enroll and attend the school of nursing during the years indicated.

8. All monies awarded will be sent directly to the school of the recipient’s choice.

ALL INFORMATION IN THIS STATEMENT SHALL REMAIN CONFIDENTIAL
NURSING SCHOLARSHIP APPLICATION

1. NAME

2. ADDRESS
   (STREET)
   __________________________________________
   (CITY)   (STATE)   (ZIP)

3. TELEPHONE NUMBER

4. DATE OF BIRTH ___________________________   AGE ______

5. SOCIAL SECURITY NUMBER __________________

6. MARRIED or SINGLE ________________________

7. CURRENT HIGH SCHOOL OR COLLEGE
   ____________________________

8. CURRENT GRADE POINT AVERAGE ______________

9. ATTACH OFFICIAL CURRENT HIGH SCHOOL OR COLLEGE
   TRANSCRIPT

10. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL OTHER THAN
    HIGH SCHOOL OR COLLEGE? YES ____  NO ____

11. ARE YOU CURRENTLY EMPLOYED? YES ____  NO ____
    IF YES, HOW MANY HOURS PER WEEK? ______________

12. SINCE THIS SCHOLARSHIP WILL BE AWARDED IN THE SPRING OF
    2016 APPLICANT MUST BE ENROLLED IN COLLEGE OR A SCHOOL OF
    NURSING FOR THE FOLLOWING FALL SEMESTER.

13. PLEASE ATTACH TO THIS APPLICATION A MINIMUM OF THREE (3)
    LETTERS OF RECOMMENDATION FROM YOUR PRESENT HIGH
    SCHOOL/COLLEGE, TEACHERS/ADVISORS OR FROM NON-SCHOOL
    SOURCES (i.e. CLERGY, EMPLOYER, ETC.) AND A PERSONAL BIO
    DESCRIBING YOURSELF AND WHY YOU FEEL YOU SHOULD BE
    AWARDED THE FLORISSANT ELKS LADIES NURSING SCHOLARSHIP.
SINCE THE APPLICANTS ARE NOT PERSONALLY INTERVIEWED
#13 COUNTS FOR A POSSIBLE 20 POINTS IN THE JUDGING
CRITERIA-POINTS WILL BE DEDUCTED IF NOT COMPLETED IN
FULL.

14. IN SIGNING THIS APPLICATION, I CERTIFY THAT IT HAS BEEN
COMPLETED IN ITS ENTIRETY AND TO THE BEST OF MY
KNOWLEDGE.

_________________________________
SIGNATURE OF APPLICANT

PLEASE RETURN COMPLETED APPLICATION TO:

FLORISSANT ELKS LADIES CLUB
SCHOLARSHIP COMMITTEE
Ursula Raymer
2884 Park New York Drive
Florissant MO 63031

APPLICATION CHECK LIST:
1) All questions are answered on the application
2) Endorsement letters and personal Bio
3) Transcript of grades
4) 2016 Financial Statement

* Please keep in mind that points will be deducted if not completed in
full.
FLORISSANT ELKS LADIES SCHOLARSHIP

FINANCIAL STATEMENT

FAMILY INFORMATION

Applicants Name

If applicant is living with parents, the following information is needed:

Father’s Name (if single)

Address _______________________________ Telephone ________________

City, State and Zip ____________________________

Mother’s Name (if single)

Address _______________________________ Telephone ________________

City, State and Zip ____________________________

Spouse’s Name (if married) ____________________________

Combined Total Gross Annual Family Income* ____________________________

*As reported on current Federal Income Tax Form. A copy of tax return MUST BE ATTACHED OR FAFSA

If single, and living in parent’s home, list the number of siblings living in the home __________

Number of Applicant’s Dependent Children __________

I certify that the above information is true and correct.

Applicant’s Signature __________________

Parents/Spouse Signature __________________

ALL INFORMATION IN THIS STATEMENT SHALL REMAIN CONFIDENTIAL