

## **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 31, 2010.  
Scholarships will be awarded no later than June 30, 2010
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 2009 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.

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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.

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SIGNATURE OF APPLICANT

**PLEASE RETURN COMPLETED APPLICATION TO:**

**FLORISSANT ELKS LADIES CLUB  
SCHOLARSHIP COMMITTEE  
C/O ROSEANNA BELL  
#9 MUSTANG COURT  
FLORISSANT MO 63033**

**APPLICATION CHECK LIST:**

- 1) **All questions are answered on the application**
  - 2) **Endorsement letters and personal Bio**
  - 3) **Transcript of grades**
  - 4) **2009 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**

If single, and living in parents 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***

