FLORISSANT ELKS LADIES SCHOLARSHIP GENERAL RULES

1. Two scholarships in the amount of $2,000.00 each will be awarded this year.

2. Persons may apply for scholarship prior to March 30, 2019. Scholarships will be awarded no later than June 30, 2019.

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 _______________________________________________________
   a. (STREET)

   (ii) ____________________________________________________________

   1. (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 _____
    i) IF YES, HOW MANY HOURS PER WEEK? _________________________

12) SINCE THIS SCHOLARSHIP WILL BE AWARDED IN THE SPRING OF 2018
    APPLICANT MUST BE ENROLLED IN COLLEGE OR A SCHOOL OF
    NURSING FOR THE FOLLOWING FALL SEMESTER.

13) PLEASE ATTACH TO THIS APPLICATION:
    a) 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.)
    b) A PERSONAL BIO DESCRIBING YOURSELF AND WHY YOU FEEL YOU
       SHOULD BE AWARDED THE FLORISSANT ELKS LADIES NURSING
       SCHOLARSHIP.
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