

**NURSING SCHOLARSHIP APPLICATION**

1) NAME \_\_\_\_\_

2) ADDRESS \_\_\_\_\_

(STREET)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3) TELEPHONE \_\_\_\_\_

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 \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_ NO \_\_\_\_\_

12) SINCE THIS SCHOLARSHIP WILL BE AWARDED IN THE SPRING, APPLICANT MUST BE ENROLLED IN COLLEGE OR SCHOOL OF NURSING FOR THE COMING 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 AUXILIARY 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.

In signing this application, I certify that it has been completed in its entirety and to the best of my knowledge.

SIGNATURE OF APPLICANT \_\_\_\_\_

**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 FAISA**

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***

**RETURN COMPLETED APPLICATION TO:  
FLORISSANT ELKS LADIES AUXILIARY  
SCHOLARSHIP COMMITTEE  
16400 NEW HALLS FERRY ROAD  
FLORISSANT, MO 63031**

Please call Mary Colvin at 314-921-7705 with questions.