

NURSING SCHOLARSHIP APPLICATION

1. NAME _____
2. ADDRESS _____
CITY _____ STATE _____ ZIP _____
3. TELEPHONE/S _____ OR _____
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? NO ____ YES ____ SCHOOL _____
11. ARE YOU CURRENTLY EMPLOYED? NO ____ YES ____ HOURS/WEEK ____
12. APPLICANT MUST BE ENROLLED IN COLLEGE OR SCHOOL OF NURSING FOR THE FALL 2024 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 _____

SCHOLARSHIP APPLICANT'S NAME _____

FAMILY INFORMATION

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

Father's name (if single) _____

Address _____

City _____ **State** _____ **Zip** _____

Mother's name (if single) _____

Address _____

City _____ **State** _____ **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

Parent/Spouse Signature

ALL INFORMATION IN THIS STATEMENT SHALL REMAIN CONFIDENTIAL.

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

Please call Pat Jackson at 314-435-1824 with questions.