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, 2018. Scholarships will be awarded no later than June 30, 2018.

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.
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

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) 2017 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