

APPLICATION FOR ALEXANDRA SCHENCKING MEMORIAL NURSING SCHOLARSHIP

NAME: _____
Last First Middle Age

ADDRESS: _____
Apt. #

_____ City State ZIP

TELEPHONE: () _____ () _____ () _____
Home Work Cell

E-mail: _____

Name and address of parents if you no longer live at their home and are under the age of 23

Name and address of employer: _____

I HAVE COMPLETED AT LEAST ONE-HALF OF MY REQUIRED COURSE STUDY _____ Initials

My GPA is: _____ My Major field of study is: _____

I plan to further my education at: _____

I PROMISE TO NOTIFY THE ALEXANDRA SCHENCKING MEMORIAL NURSING SCHOLARSHIP FUND COMMITTEE OF ANY CHANGE IN MY SCHOOL STATUS (INCLUDING GRADUATION) OCCURRING BEFORE THE END OF THIS SCHOOL YEAR.

I AM CONTRIBUTING APPROXIMATELY _____% OF MY EDUCATIONAL EXPENSES THROUGH WORK.

_____ \$ _____
Organization or Institution from which money was received Date received Amount received

_____ \$ _____
Organization or Institution from which money was received Date received Amount received

_____ \$ _____
Organization or Institution from which money was received Date received Amount received

I have read the instruction sheet. I have included my grade point average, and OFFICIAL TRANSCRIPT, unless it is to be mailed by the Registrar, that has been signed and sealed by the Registrar of my school, a RESUMÉ of my work and school history and my Educational Goal Essay.

I have also distributed all three LETTER OF RECOMMENDATION forms, which will be sent to the secretary of this committee by the individuals.

_____ Dated this _____ day of _____ 2 _____
Signature of Applicant

MY SOCIAL SECURITY NUMBER IS: _____

For Committee use only: Appr/Rej _____, 2 _____ Voucher # _____ Dated _____, 2 _____
Date

Initials of at least 3 committee members _____