

This scholarship is offered to individuals enrolling in course work leading to a Nursing Degree at an accredited School. **Applications are due by March 31st of the current year.** Please make certain to complete each section of the application, incomplete applications will not be accepted. Once complete, please mail your completed application and additional attachments to Ken Hylton at the address above. If selected, scholarships will be awarded on the <u>Third Sunday</u> <u>in July</u> at our annual Banquet, please save the date. If you are not selected, you will automatically be entered into the **40&8 Nurse's Training Scholarship Program**. There is no need to fill out duplicate applications.

Applications will be accepted only from students or graduates meeting the following Criteria:

- 1. Must be a current Student or recent Graduate of East Central or Franklin County High Schools.
- 2. Must have a GPA of 3.0 or higher.
- 3. Must be intending on obtaining a Degree in Nursing upon completion of study.
- 4. Must be a resident of Dearborn or Franklin County.

Personal Information:

First Name:	_ Last Name: Phone:	
Address:		
City:	_ State: Zip:	
Email Address:		
	SAT Math:	
GPA:	SAT Verbal:	
Graduated In:	SAT Total:	

I am enrolled or have been accepted into the Certified Nursing Program at the following College or University:

Extracurricular Activities, Roles and Responsibilities

(Please use a separate sheet if necessary)

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Please also include (attach):

- Reference statement(s) from your Principal, Guidance Counselor or Teachers.
- A letter stating why you chose Nursing as a career profession (no more than 250 words).

I further promise that if I receive this scholarship, I will complete my first Semester of Nursing Program/Training and provide Proof of Enrollment and Satisfactory Grades in order to receive the second installment of the Scholarship. This scholarship is offered for one year (in two equal installments) in an amount specified annually by the board of Directors.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature:	Date: