



## Nurses Training Scholarship Application

Voiture \_\_\_\_\_ of Grande du \_\_\_\_\_

Type or print all information. Do not omit information. If the item is not applicable, write "N/A"  
Please submit a new application each semester or, as required by scholarship criteria, may require  
an attached written statement describing educational goals and other relevant information.

### **Personal Information: Please attached self-photograph.**

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Home Phone: Work Phone: \_\_\_\_\_

Student ID# or E-mail address: \_\_\_\_\_

Marital Status; \_\_\_\_\_ No' of dependence \_\_\_\_\_

Military Status; \_\_\_\_\_ Veteran \_\_\_\_\_ - Military/Vet Spouse \_\_\_\_\_ Dependence \_\_\_\_\_

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### **Academic Information:**

**Notice: To be eligible for a scholarship grant, you have full-time status as a student**

- College: Semester for which application is being made (Term and Year): \_\_\_\_\_
- Credit Hours Earned to Date: Intended Major: GPA: \_\_\_\_\_
- Credit hours to be taken during semester for which scholarship is awarded: \_\_\_\_\_
- Name of Program Major: \_\_\_\_\_
- College /University Instructor Recommendation Attached Yes\_\_\_ No-\_\_\_

**Note:** Provide an essay question that demonstrates a thorough commitment to a nursing career;  
interest/motivation with a financial understanding of your needs to meet your academic goals.  
Confirm by the Office of the Register \_\_\_\_\_

Signature of Representative

Dated

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**Authorization Information:**

I release to the Grande de \_\_\_\_\_ the right to view my current and ongoing personal and academic records and transcripts for scholarship selection. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the request's current fiscal year.

I know my name, and information from my academic history is forward to the scholarship selection committee(s) and the scholarship donor(s). I permit La Societe des Quarante Hommes et Huit Chevaux (better known as 40ty and eight) the right to arrange a meeting with the donor(s) and use my name, story, the picture for printed and video materials, and any press releases, without compensation. As well as I will attend ceremonies and receptions upon request. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

(Initial)\_\_\_\_\_

**I now acknowledge that the information submitted herewith is true and correct.**

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Note:**

Return all application information's to V-\_\_\_\_\_ Locale de \_\_\_\_\_

Nursing Training Directeur \_\_\_\_\_ E-mail \_\_\_\_\_

If there are any questions; contact number \_\_\_\_\_.

**Locale Nurses Training Directeur**

I \_\_\_\_\_ reviewed this application and recommend the following:

Approval \$ \_\_\_\_\_ OR Denial \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_