



# NURSES TRAINING SCHOLARSHIP PROGRAM



## APPLICATION FOR SCHOLARSHIP GRANT GRAND VOITURE D' ILLINOIS

**Voiture #** \_\_\_\_\_ **County:** \_\_\_\_\_



**APPLICATION MUST BE SUBMITTED BY** \_\_\_\_\_

Date

To:



**PERSONAL INFORMATION**

Applicants Name:

Address:

Date of Birth:

Are you a U.S. Citizen?

Yes  No

Marital Status:

Single  Married  Divorced  Separated  Widow  Widower

Phone:

Home:  Cell:

Applicants Dependents:

Name	Age	Relationship

Parents or Guardian Name **(IF REQUIRED)**:

Parents or Guardian Address:

Parents or Guardian Phone:

Home:  Cell:

List all Dependents of Parents or Guardian

Name	Age	Relationship

References from your community:

Name	Phone	Address



**NURSES TRAINING SCHOLARSHIP PROGRAM**



Who recommended you to the 40 et 8?

Name	Phone	Address

**EDUCATIONAL INFORMATION**

High School and/or College	Address	Dates	Degree or Certificate

**PLEASE ATTACH A TRANSCRIPT OF YOUR RECORD AT EACH SCHOOL LISTED ABOVE**

Aptitude Test Results: SAT \_\_\_\_\_ or ACT \_\_\_\_\_ :

Verbal:		Math:	
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What institution do you plan to attend or are attending?

Institution	Department	Director

Have your credentials been filed with the above institution?

Yes:		No:	
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Have you applied for or do you intend to apply for other scholarships, fellowships or grants?

Yes:		No:	
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If yes, please explain:

**FINANCIAL INFORMATION**

Applicant's Annual Income:

\$ \_\_\_\_\_

Parents or Guardians Annual Income **(IF REQUIRED)**:

\$ \_\_\_\_\_

Explain why you are in need of and are requesting assistance:

CONTINUE ON SPERATE SHEET IF NECESSARY

**ADDITIONAL PERSONAL INFORMATION**

**On a separate sheet of paper, outline your plans for your future professional career and attach to this form. Include your reason or motivation for choosing a nursing career. You may also include any further information you feel is pertinent to evaluating this application.**

**APPLICANT'S STATEMENT**



**NURSES TRAINING SCHOLARSHIP PROGRAM**



In the event that I am granted assistance from the 40 et 8, I hereby certify that:

- I am in need of assistance in order to begin or continue my education in the field of nursing.
- I am or will be properly enrolled as defined by the appropriate Office of the Registrar.
- I will only use the proceeds of this scholarship for the payment of tuition and required fees, and any educationally related expenses as defined by the Financial Aid Office of the college. The scholarship check will be payable to both the recipient and the college. The recipient will need to endorse the check and present it to the Cashier of the college. The Cashier will apply the funds to recipient’s account to pay for tuition, fees, books, housing or any other certified educationally related expenses incurred with the college.
- I hereby acknowledge and affirm that the information submitted herein is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN STATEMENT**

**(IF REQUIRED)**

To the best of my knowledge, the information contained herein is complete and correct and I understand that

[Empty rectangular box]

is applying for financial assistance to help with educational expenses at

[Empty rectangular box]

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**REQUEST FOR GRADES/RELEASE FORM**

I, \_\_\_\_\_ give \_\_\_\_\_ High School and \_\_\_\_\_ College permission to release my academic grades during my enrollment at the above specified College and/or High School to the Forty et Eight Voiture Locale Nurses Training Scholarship Committee [address on cover page].

I also give permission to release my name and/or picture to the news media.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I also give permission as Parent or Guardian **(IF REQUIRED)**:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date