



Nurses Training Scholarship Application Voiture _

39 of Grande du Minnesota_ Also EMT's

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 _____

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

Authorization Information:

I release to the Grande de _39_____ 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** _____

Note:

Return all application information's to V- _39_____ Locale de North St. Paul Legion__
Nursing Training Directeur: Terry Johnson E-mail:
terrancerjohnson64@gmail.com. If there are any questions; contact
number 651-315-0392.

Locale Nurses Training Directeur

I _____ reviewed this application and recommend the following:

Approval \$ _____ OR Denial _____

Comments

Signature _____ Email _____

Date _____