

REGISTERED NURSE (R.N.) SCHOLARSHIP APPLICATION
Sponsored by General Federation of Women's Clubs of Arkansas
Applicant must plan to practice nursing

Name of Applicant _____ Date of Birth _____

Social Security Number _____ Telephone Number _____

Address _____
Street City State Zip

School where presently enrolled _____

If in college, what is your current major? _____

Parent or Guardian Occupation (include all) _____

How many brothers and sisters are in your family? _____ List ages _____

List others making their home with you who are dependent on your family _____

Are you currently receiving other scholarships and aid? If yes, please list _____

Do you have to repay this? _____

Tell why you need this scholarship. Also discuss your future plans, ambitions, special talents and/or desires. Attach to this application along with your high school or college transcript, a recent photo, and two letters of recommendation from someone other than teachers or family.

Signature of Applicant _____

Signature of Parent or Guardian _____

Name of Local GFWC Club _____

Club President _____

Club President's Address _____

Copy Form for Second Year