

**MEMORIAL HOSPITAL AUXILIARY  
CHESTER, ILLINOIS**

**NURSING SCHOLARSHIP APPLICATION**

1. Name in full \_\_\_\_\_
2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
3. Permanent address \_\_\_\_\_  
Telephone \_\_\_\_\_
4. Name of School attending \_\_\_\_\_  
Degree or Certification expected \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_  
Address of School \_\_\_\_\_  
Cumulative GPA \_\_\_\_\_
5. Name of Parent or Guardian \_\_\_\_\_
6. Student/Parents/Spouse Occupation \_\_\_\_\_
7. Are there others dependent on your parents/spouse for support? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any dependents? If so, state who and to what extent: \_\_\_\_\_  
\_\_\_\_\_
9. List activities in which you have participated in, or other organizations to which you belong and offices held \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. How much money will be available to you during the coming year?  
From parents \$ \_\_\_\_\_ From other sources/spouse \$ \_\_\_\_\_
11. Have you worked during the past year? \_\_\_\_\_  
Approximate monthly earnings \$ \_\_\_\_\_
12. Give three personal references (not relatives) one of whom must be an academic professional at your learning institution, and one of whom must be a banker, an attorney, the family physician or minister.

<u>Name</u>	<u>Address &amp; Telephone Number</u>	<u>Occupation</u>

13. The Committee, in making awards of scholarships, attaches great importance to the financial need. The applicant should, therefore, provide in the space below (or attach) complete information justifying the application under this provision:

14. Provide a statement in which you sketch very briefly your life history and plans for the future.

In consideration of the facts as set forth in this application, I respectfully request that I be awarded a scholarship for the year 20\_\_\_\_ - 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant Date

**TO BE ANSWERED BY PARENT OR GUARDIAN**

I, \_\_\_\_\_, (Parent or Guardian of the Applicant) hereby approve the application and certify that the facts herein stated are to the best of my knowledge and belief correct.

Mail application **by June 1** to:

Memorial Hospital Auxiliary  
Attn: Scholarship Committee  
1900 State Street  
Chester, Illinois 62233

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address