

**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. Parents' Occupation _____
7. Are there others dependent on your parents 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 \$ _____
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 & 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 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 August 31, 2023** to:

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

Signature of Parent or Guardian

Address
