



AMVETS LADIES AUXILIARY
POST # 49
1934 IRVING ST
CEDAR FALLS, IA 50613



NURSING SCHOLARSHIP APPLICATION

Instructions for the applicant

1. This application may be given to a student who will be entering or is currently enrolled in a nursing program.
2. The need for financial assistance is top be the first consideration.
3. Scholarship and aptitude for the profession shall be important factors in selecting the candidates(s). The applicant must maintain a rating of average or better to qualify.
4. You are required to have two (2) references. One from a personal acquaintance and the second from a person in the professional field.
5. All information will be considered confidential. No personal or financial information will be released.
6. All applications must be in the hands of the Scholarship Chairman by April 21st

MAIL COMPLETED APPLICATIONS TO:

LaDawn Hankins
449 Martin Road
Waterloo, IA 50701

1,000.00

AMVETS Ladies Auxiliary Post #49

SOURCE OF SUPPORT

1. Who contributes the major portion of your support?

Name _____ Relationship _____

Occupation _____ Self-Employed? _____

Place of Employment or Business _____

Yearly income-Work \$ _____ Public Assistance \$ _____

Other resources \$ _____ (Bank account, Investments) _____

2. What other sources of support do you have? _____

Name of source _____ Amount \$ _____

3. Summarize the financial obligations you or your family have which affect the potential contribution to your education:

4. Are you making applications for scholarships other than this one?

Yes ___ No ___. If yes, describe (source, amount, period of duration).

5. Have you been notified by any scholarship source that you will receive a scholarship? Yes ___ No ___. For this year? If yes, give source and amount.

6. List any scholarships, prizes, awards (with amounts) that you have received.

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STATEMENT OF FINANCIAL NEED:

(To be signed by the person designated in Question #1 page 3.)

"I certify that financial assistance is necessary for this applicant to complete his/her educational program in nursing."

Date _____ Signature _____
Relationship _____

AGREEMENT

If I am awarded a Scholarship by AMVETS Ladies Auxiliary Post #49, it is my intention to complete my nursing education as outlined and to serve as a member of the profession for which I am preparing myself for.

I understand that this application and all credentials submitted by me or others on my behalf will remain the property of AMVETS Ladies Auxiliary Post #49.

DATE _____ SIGNATURE _____