

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 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