

**THE SCHOOL NURSES ASSOCIATION
OF CARROLL COUNTY SCHOLARSHIP APPLICATION**

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Home High School: _____

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>		<u>Father</u>
Names:	_____	_____	_____
Address(es):	_____	_____	_____
Occupation:	_____	_____	_____
Income:	_____	_____	_____
Number of Children in Family and Ages:	_____		

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach two Letters of Recommendation, one from school and one from the community. Please attach an essay on why you want a nursing education and how you might use it to help others. The document format should be typed, double-spaced, and may not exceed 500 words.



**The complete application package should be returned by April 15 to
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157
Please include all attachments for your application to be considered.
A Scholarship Fund of the Community Foundation of Carroll County, Inc.**