



VOITURE 333
NURSING SCHOLARSHIP AWARD APPLICATION

PICTURE

(Must be typewritten or printed legibly. Separate sheets of paper are encouraged for questions needing additional space.)

Full name of applicant: _____

Complete mailing address: _____

Home phone: _____ Cell phone: _____ Work Phone: _____

Date and Place of birth: _____

Cumulative Grade Point Average: _____ High School Graduation date: _____

SAT Scores: Math _____ Verbal _____ Written _____ Total _____

and/or ACT Score _____

Name of Institution Attending: (to be eligible for a scholarship grant, you must have full-time status as a student) _____

Address of Institution: _____

Credit hours earned to date: _____

Credit hours to be taken during semester for which scholarship is awarded: _____

Name of Program Major: _____

Marital status: _____ # of dependents: _____

Annual income (applicant) _____ (Parents, guardian or spouse) _____

Anticipated annual cost of attending the institution to include books, fees, housing etc. _____

Father's name (if living) and occupation: _____

Mother's name (if living) and occupation: _____

Military service of any family member: Name: _____

Relationship: _____

Do you have a part time job? If yes, describe:

Briefly describe your school and community activities:

Briefly discuss your plans for the future, both short and long term and why you are interested in the healthcare field.

Describe activities that would provide examples of your leadership skills/abilities:

Payment of this scholarship will be in accordance with the financial rules of the institution you are attending.

Certification

If I am selected as a scholarship winner and in consideration thereof, I understand, agree, and hereby grant permission to 40&8 Voiture 333 to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that 40&8 Voiture 333 is solely responsible for the selection of the scholarship winners and the decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to 40&8 Voiture 333 for use in administering my scholarship award. In submitting this application, I certify the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 40&8 Voiture 333 scholarship.

Student's Signature

Date: _____

If my child is selected as a scholarship winner and in consideration thereof, I understand, agree, and hereby grant permission to 40&8 Voiture 333 to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that 40&8 Voiture 333 is solely responsible for the selection of the scholarship winners and the decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning his/her enrollment status, academic standing and financial need to 40&8 Voiture 333 for use in administering my child's scholarship award. In submitting this application, I certify the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 40&8 Voiture 333 scholarship.

_____ Date: _____
Parent's/Guardian's Signature

INSTITUTION'S STATEMENT

It is understood and agreed to by _____ that:
(Name of Institution)

1. Any funds granted to _____
(Name of Applicant)
by the Locale 40&8-Voiture 333 shall be paid to the above named institution via a check made out to both the applicant and the institution.
2. Such funds shall be pro-rated either quarterly or by semesters to the account of the recipient for the term of the academic year.
3. It is the sole prerogative of the Locale 40&8-Voiture 333 to either require the return of any unexpended part of the funds specified in (1) above, or apply such unexpended amount to another applicant.
4. In the opinion of the above named Institution, the above named applicant has the necessary qualifications and has demonstrated a sincere desire to pursue a nursing career.

NOTICE: TO BE ELIGIBLE FOR A SCHOLARSHIP GRANT
THE APPLICANT MUST BE CONSIDERED A FULL-TIME STUDENT
BY THE APPLICABLE EDUCATIONAL INSTITUTION.

DATE: _____
(Authorized printed name and signature)

(Check one) Registrar: _____ Financial Aid Office: _____ Scholarship coordinator: _____ Other: _____

Address: _____ Room# _____

City: _____ State: _____ Zip code: _____ Phone #: _____

All inquiries should be directed to: Monica George, Directeur Nursing, 660-619-8563.

Recipients will be notified of awarded scholarships at their high school graduation or award ceremony or by letter by July 1 for non-high school applicants.

Completed applications should be mailed no later than the first Saturday in April to:

Monica George, Directeur Nursing
Voiture 333, 40&8
20610 Butterbaugh Ford Road
Sedalia, MO 65301

Please read carefully and follow all eligibility requirements:

Nursing scholarships of differing amounts and terms will be awarded to eligible students who are currently in or planning to attend a vocational technical college, a university or a college in a program of nursing. The Nursing Scholarship Committee of Locale 40&8-State Fair Voiture 333, will determine the recipients of the scholarships.

Basis for eligibility:

1. Applicant must be enrolled or accepted as a full time student in a vocational technical college, a university or a college in a program of nursing. **The Institution's Statement on the application must be completed by a responsible member of the institution.**
2. Applicant must be a resident of Benton, Cooper, Henry, Johnson, Lafayette, Morgan, Moniteau, Pettis or Saline Counties in Missouri.
3. The scholarship must be used in the following quarter or semester after it is awarded.
4. The scholarship may be awarded to an eligible student more than once.
5. All recipients of a Locale 40&8-State Fair Voiture 333 Nursing Scholarship will provide a copy of his/her transcript every semester until graduation or termination of the nursing program to the Voiture 333 Directeur Nursing.

The scholarship will be paid at the beginning of the student's first semester following award of the scholarship at the institution of higher learning of their choice. A check will be issued to joint payees, the recipient of the Scholarship and Awards Officer or equivalent official at the school.

Please direct questions concerning the scholarship to Monica George, Directeur Nursing, 660-619-8563.

Completed application and latest transcript should be submitted by the last Saturday in March.

NOTE: THE ONLY PAPERS WHICH NEED TO BE SENT TO US ARE THE COMPLETED APPLICATION AND THE LAST TRANSCRIPT. APPLICATIONS NOT HAVING THESE WILL NOT BE CONSIDERED.