

## 2010 Nursing Scholarship Application

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ GRADUATION DATE : \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL YOU PLAN TO ATTEND: \_\_\_\_\_

HAVE YOU BEEN ACCEPTED: \_\_\_\_\_ FIELD OF STUDY : \_\_\_\_\_

ANY HONORS RECEIVED: \_\_\_\_\_

FULL NAME OF FATHER OR GUARDIAN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

FULL NAME OF MOTHER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

NUMBER OF BROTHERS AND SISTERS: \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please attach:

Two letters of recommendation from teachers, guidance counselors and/or employers.

Personal statement indicating why you are choosing a career in nursing.

School Transcript(s).

List of extra curricular activities.

Send to: Visiting Nurse Association of Somerset Hills

200 Mt. Airy Road

Basking Ridge, NJ 07920