

# Grande Du Maine Chester Worthington Scholarship



## Requirements

1. THIS IS A SCHOLARSHIP FOR NURSES
2. Read carefully and answer all questions.
3. Type or print clearly all information.
4. Do not omit any information. If an item does not apply, write N/A
5. The applicant must have completed one semester in a nursing curriculum.
6. The applicant must be in an accredited Associate or Bachelor degree nursing program.
7. The Scholarship will be awarded at the Forty & Eight Grande Promenade in June. The recipient will be asked to attend the award presentation.
8. Submit application by: **April 1, 2019.**
9. Submit application by mail to: Jesse Pierce  
P.O. Box 165  
Buckfield, Maine 04220  
Tel. (207) 336-3601
10. Applicants must be Maine residents.
11. Please provide at least one typed page on your past volunteerism, community service & why you should be awarded this scholarship.

\*Applications must be completed in full or they will not be accepted.

# Grande Du Maine Nurses Training Scholarship

The following is to be filled out by the student that is submitting his/her name to the Forty & Eight for assistance to further his/her education in an accredited Nurses Training School.

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Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Nursing School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Have you been given any other scholarships? : Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes give details on the back of this sheet)

**Please attach a copy of your transcript of your grades to this form:**

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## **Personal Information.**

2. Adjusted Gross Income from 1040 Federal Tax Form \_\_\_\_\_

a.) If Married income of both student and spouse from tax form. \_\_\_\_\_

2. US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_

4. If Married Name of Spouse and Dependents.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are claimed on your Parent's or Guardian 1040 Federal tax form provide the following Information:

Father & Mothers Names \_\_\_\_\_

Parent's income \_\_\_\_\_ Number of children in family: \_\_\_\_\_

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## **APPLICANT'S STATEMENT OF AGREEMENT**

4. I will use the proceeds of the scholarship only for payment of tuition and required fees, room and board, book and similar school expense.

5. I will provide any documents that are requested to verify the information on this form.

6. I hereby acknowledge that the information submitted herein is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date