

Grande Du Maine Voiture 354 Scholarship



Requirements

1. This is a scholarship for nursing students only.
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 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 Voiture 354 Promenade in May. The recipient should try to attend the award presentation.

8. Submit the application by: April 1, 2019

Submit application by mail to: Jesse Pierce

P.O. Box 165

Buckfield, Maine 04220

Tel. (207) 336-3601

9. Applicants for the Voiture 354 Scholarship must be residents of Androscoggin County.

* 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 Voiture 354 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.

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

Personal Information.

1. 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: _____

APPLICANT'S STATEMENT OF AGREEMENT

1. I will use the proceeds of the scholarship only for payment of tuition and required fees, room and board, book and similar school expense.
2. I will provide any documents that are requested to verify the information on this form.
3. I hereby acknowledge that the information submitted herein is true and correct.

Signature of Applicant

Date