**Grande Du Maine Chester Worthington**

**Nurses Training Scholarship**

The following is to be filled out by the student that is submitting his/her name to the Forty & Eight requesting financial assistance to further his/her education in an accredited nursing training school.

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received any other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please give details on the back of this sheet or a separate piece of paper.)

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

**Personal Information**

1. Adjusted gross income from Federal Tax Form 1040\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If married income of both the student and the spouse.)

1. U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Marital status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_
3. Dependents:

Name Age Relationship

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If you are claimed on your parents or guardian Federal Tax Form 1040 provide the following information:

Name of Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, books or similar school expenses.
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