

Class of 1930 Nursing School Scholarship

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Home High School: _____

Resident of Carroll County Since: _____ Expected Graduation Date: _____

Number of Years Attending Carroll County Career & Technology Center: _____

Cumulative G.P.A.(unweighted) _____ (weighted) _____

What other scholarships have you applied for/received? _____

Part-Time Employment: _____

What will be the annual cost of your schooling? _____

What part of the financial responsibility will your parents be accepting for schooling? _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____
Address(es):	_____	_____
Occupation:	_____	_____
Total Income:	_____	_____
Number of Children in Family and Ages:	_____	

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities both at your Home High School, Career & Tech. Center and in the community, including service clubs or projects, sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a Carroll County Career & Tech Center teacher.
4. Please attach an essay discussing your chosen career in nursing and indicating a need for a scholarship.

In order to allow time for application review, the complete application package should be returned by May 3 to the Career & Tech Center Guidance Office.

of Carroll County

A Scholarship Fund of the Community Foundation of Carroll County, Inc.