

**FAR WESTERN NY SCHOOL NURSE NETWORK**

**2023-2024 APPLICATION FOR SCHOLARSHIP**

**Deadline May 1, 2024 (postmark)**

Name of Applicant: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Siblings:

<u>Name</u>	<u>Age</u>	<u>Education</u>	<u>Occupation</u>
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Name of School Counselor \_\_\_\_\_

School Address \_\_\_\_\_

Phone number \_\_\_\_\_

High School from which applicant is graduating \_\_\_\_\_

College or School where accepted or attending \_\_\_\_\_

Are you receiving or applying for other scholarships or loans? State source and amount.

\_\_\_\_\_

What full-time or part-time jobs have you held?

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

Extracurricular Activities in Grades 9-12. List by Grade the activities you were/are involved in (attach additional sheets if necessary):

Grade 9 :

Grade 10:

Grade 11:

Grade 12:

Class Size: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Please give the names and addresses of two reliable persons, not relatives, who may serve as outside school references.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Please describe your educational and career goals and ambitions and why you are choosing this career path. Attach additional sheets if necessary.

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On the basis of my academic record and the facts set forth in this application, I am applying for financial assistance in the form of a scholarship. I solemnly affirm that to the best of my knowledge, the information given here is correct.

\_\_\_\_\_  
Date of Application

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

Please include a **copy of your high school transcript, also if accepted into the Nursing Program include a copy of the college acceptance letter** and return to the address below by **May 1, 2024.**

Michelle Holley RN  
PO Box 799  
Sinclairville, NY 14782