

Dodge County 40 Et 8 Scholarship



Registered Nurses Scholarship Application

To: Guidance Counselor

1. The Dodge County Voiture 856, 40 Et 8 Scholarship is available to any High School Senior who is a **Resident of Dodge County** in the amount of \$1200.00 over a period of four years. \$300.00 per Year.
After we have received certification from the school of registration, the check will be made out to the School and Student, so that the money can be issued for Tuition or Books.
2. The School which the Student plans to attend, must be an accredited School of Nursing located in Wisconsin. **This does not include an L.P.N.**
3. The Dodge County Voiture 856, 40 Et 8 Scholarship is awarded annually to the student deemed most deserving of the award. Selection of the recipient of the Scholarship will be made by the 40 Et 8 Scholarship Committee. Determination of the successful candidate will be based upon **Scholastic Achievement, Need, Leadership and Character.**
4. The application form must be filled out and returned on or before **March 21.** If any portion of the application is incomplete, we will be unable to give the application favorable consideration.
5. **The applicant must also have the following forms submitted.**
 - a. Complete the application form supplied by the 40 Et 8.
 - b. Grade average in Biology, Physics, Chemistry, Mathematics, English & GPA.
 - c. A short essay on their life to date, showing their interest in the Nursing Field and also their need.

It is necessary that all of the above, (a, b and c) be returned with the application. If they are not, the application will not be honored.

You may make Photocopies of the application.

Ronald Pfalzgraf
Correspondant Voiture 856
625 Oak Lane
Horicon, Wi. 53032-1705
Home: 920-485-0107
Cell: 920-214-3202



Application Form

40 Et 8 Scholarship

Applicants Name (print) _____

Applicants Address _____

City _____ County _____

State _____ Zip Code _____

Home Phone # _____

Cell Phone # _____

Parents Name: Father _____

Mother _____

High School: _____

Date of Graduation: _____

I intend to Enter: _____
(an accredited School of Nursing Located in Wisconsin and not for a L.P.N.)

Address of School: _____

List High School Activities:

List out of School Activities:

Please write on the back of this application, **Why you want to become a nurse and your need.**

Applicants Signature: _____

Parent or Guardians Signature: _____

This Application must be returned on or before March 21.

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DODGE COUNTY VOITURE 856

La Societe des 40 Hommes
et 8 Chevaux



Nurses Training Program
Applicants Grade Average in the Following

GPA _____

Grade	Biology	Chemistry	Physics	Mathematics	English
9					
10					
11					
12					

Applicants Signature: _____

Counselors Signature: _____

Complete and Return to:

Ronald Pfalzgraf
Correspondant Voiture 856
625 Oak Lane
Horicon, Wi. 53032-1705

Must be Returned or Postmarked on or before March 21.