

Foxboro - Sharon Council #6063

Knights of Columbus

P.O. Box 313 Foxboro, MA 02035

James Stark Memorial Nursing Scholarship

Applicant Name: _____ E-Mail _____

Address: _____

Tel.# _____

Previous Education:

• High School Attended: _____ Yr of Grad, _____ GPA _____

• College Attended: _____ Yr of Grad, _____
Degree and concentration _____ GPA _____

Nursing Programs:

School presently enrolled or application pending: _____

Address _____

Degree or Program: _____

Expected Completion Date _____ GPA _____

Previous Nursing Education: School _____

Address _____

Degree or Program: _____

Completion Date _____ GPA _____

Nursing Employment (if applicable):

Name and Address of Employer _____

Time of employment, from: _____ to: _____

Name and Address of Employer _____

Time of employment, from: _____ to: _____

Signature of Applicant: _____ Date: _____:

Mail Completed Application to: Grand Knight at the above address or you may e-mail it in pdf format to Psdmakoc@comcast.net