

**MOSALPN SCHOLARSHIP APPLICATION**

For Students Currently enrolled in a Practical Nursing Program 2017 - 2018

The application needs to be filled out completely and returned to the address on the application by March 30, 2018. Any application received after that date will not be accepted. All applications are judged on the information received. Copies may be made. Print in ink or type, please.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Nursing School \_\_\_\_\_

Graduation date \_\_\_\_\_ Current GPA \_\_\_\_\_

Annual household income, please include all sources: \_\_\_\_\_

Social Security \_\_\_\_\_ Child Support \_\_\_\_\_ Wages \_\_\_\_\_ AFDC \_\_\_\_\_ Other \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Marital Status \_\_\_\_\_ Tuition Cost \_\_\_\_\_

In no less than 25 words please indicate why you feel you should be awarded this scholarship.

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

**EMPLOYMENT HISTORY:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

4.

In no less than 25 words please indicate what you feel your ongoing contribution to the field of nursing will be upon graduation.

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Faculty Comments

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

\_\_\_\_\_  
Program Coordinator's Signature