

APPLICATION FORM

Name: _____

Birthdate: _____

Address: _____

Telephone Number: _____

Sex: () Male () Female

Social Security Number: _____

Parents Living: () Father () Mother () Step Father () Step Mother

Living Parents: () Single () Married () Separated () Divorced

High School: _____

1. Please consider this as my application for a scholarship from the LEE AND BESSIE GRAHAM SCHOLARSHIP FUND. If I receive the scholarship, I understand it is to be used for tuition and the required fees of an education for a nursing career.

2. I am a student at

Name and Location of School

Completion Date: _____

3. I have requested the following people to send you a reference. (Please use the enclosed envelopes to return the application and the references.)

Names:

1. _____

2. _____

3. _____

4. Please attach a copy of the expenses for tuition, uniforms, books and room and board that is obtained from the school of nursing.

5. Please attach a copy of your and/or your parents' income tax filing for this year.

6. Please send a transcript of your nursing school record as part of this application.

7. If I should receive the scholarship any additional amount I need for my education will come from:

Indicate sources of additional funds:

Estimated contribution from self: _____

Grants: _____

Scholarships: _____

Other: _____

8.

ANNUAL INCOME AND EXPENSES	ASSETS AND LIABILITIES
Salaries and Wages This Year: Estimated for Next Year (Net): Mother: Father:	Insurances: Approximate Premiums Life () Fire () Auto () Own Home () Yes () No
Other Income: Ex. rent, farms, other jobs Mother: Father: Total Income:	Other Debt: (Note Mortgages, Auto, Insurance Loans)
Business Expenses:	RESOURCES OF STUDENT
Annual Home Expenses:	How much money do you and your parents plan to have available for the course of study?
Extraordinary Expenses: (Explain)	How much money do you think you will need for tuition, etc.
Parents Authorization: We have checked this form for omission and errors. To the best of our knowledge, this information is complete and correct. We authorize its transmittal to the Scholarship Committee of the Lee and Bessie Graham Scholarship Fund for Nurses. Signature of Both Parents (or Guardian) _____	

9. I am willing to appear for an interview at a mutually agreed upon time and place.

10. Father or Male Guardian:

Name: _____ Age: _____

Home Address: _____

Name and Address of Employer: _____

Nature of Business: _____

Years With Firm: _____ Position Held: _____

Mother or Female Guardian:

Name: _____ Age: _____

Home Address: _____

Name and Address of Employer: _____

Nature of Business: _____

Years With Firm: _____ Position Held: _____

11. Please explain any special family circumstances of which the Scholarship Committee should know: i.e. divorce or separation arrangements, dependencies, illness, special housing problems, etc. If other children are heading for college, graduate school, private school or school of nursing next year, please indicate name of probable college or school of such other children and total estimated amount you will pay for school or college expenses.

Applicant's Signature

Date

RETURN TO: Lee and Bessie Graham Scholarship Fund for Nurses
Lock Haven Hospital
24 Cree Drive
Lock Haven, PA 17745
ATTN: Chief Nurse Officer

THIS IS TO BE RETURNED TO THE ABOVE ADDRESS NO LATER THAN April 30.

