

ALPHA OMICRON ALPHA

NURSING SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School Attended \_\_\_\_\_

Academic Average (by grade):

Rank in class \_\_\_\_\_ Average \_\_\_\_\_ Six Semesters

Activities: \_\_\_\_\_

PARENTS OCCUPATION:

Father - \_\_\_\_\_

Mother - \_\_\_\_\_

Dependent Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

SCHOLARSHIP REQUESTED (statement of need): \_\_\_\_\_

LIST SOME PREPARATORY COURSES TAKEN IN HIGH SCHOOL: \_\_\_\_\_

Where do you expect to attend school? \_\_\_\_\_

2 or 4 yr. course? \_\_\_\_\_

Has application been accepted? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Applicant \_\_\_\_\_ Date Due \_\_\_\_\_

Father, Mother Name and Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Returned by  
May 10, 2018

Return to: Jo Fogle & Joyce Sefton  
Nurse Scholarship Committee  
1221 W. 500 North  
Greensburg, IN 47240  
812-663-5743