**LaVerne Allen Nursing Scholarship 2014 Application**

**PERSONAL INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE INFORMATION**

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA:\_\_\_\_\_\_\_\_\_\_\_

Status: \_ Currently enrolled \_ Have been accepted \_ Taking Pre-requisite Courses

Date starting: (month/yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expecting to Graduate: (month/yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree to Complete: \_ LPN \_ Associate \_ Baccalaureate

**HIGH SCHOOL INFORMATION**

Name of High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a word document with question/request and answer for 1-3 below.**

1. ACTIVITIES AND INTERESTS:

2. EXPERIENCE:

3. Do you presently work or volunteer in the healthcare field? If so, please provide a brief summary of what your job or volunteer responsibilities are:

**APPLICATION COMPONENTS:**

You must include with your application each of the following:

\_\_ An official high school or college transcript

\_\_ Two letters of recommendation- one from a college or high school instructor and one from your current supervisor/manager.

\_\_ A narrative (no more than 500 words) supporting your application, telling us about yourself, why you have chosen a nursing career, and how this scholarship will impact your educational needs. Create a word document.

\_\_ A current picture of yourself

Please return this application and all required materials by MARCH 29 to:

Rebecca Cronander St. X Counselor