SCHOLARSHIP APPLICATION
FOR
NURSING STUDENTS FROM KENOSHA, RACINE,
and WALWORTH COUNTIES, WISCONSIN

CRITERIA FOR ELIGIBILITY
1. The scholarship will be granted regardless of race, sex, age, color, creed, or national origin.

2. The applicant must be a resident of Kenosha, Racine, or Walworth County.

3. The applicant must be a student of an associated, baccalaureate, or graduate nursing program and have completed at least one semester of the nursing program.

4. The applicant must be a student in good academic standing.

INSTRUCTIONS FOR SCHOLARSHIP APPLICANTS
1. The applicant must submit three signed letters of recommendation.
   a. One each from: faculty member
      recent employer
      personal
   b. The applicant is responsible for contacting the references for their letters, and to assure they are postmarked by February 28, 2016.

2. Official transcripts from college must accompany the application.

3. The completed application form, transcripts, and letters of recommendation must be postmarked by February 28, 2016.

MAIL TO:
Mary Manning
Chairperson, Scholarship Selection Committee
4001 Lighthouse Drive
Racine, Wisconsin 53402

4. All applicants will receive notification of scholarship status in May 1, 2016

I understand that a committee selected by the NFR Board of Directors will recommend scholarship recipient and with NFR Board of Directors approval, the decision will be final.

Revised 9/2015
NURSES FOUNDATION OF RACINE, INC.

SCHOLARSHIP APPLICATION

Name: ________________________________
S.S.#: ________________________________
Date of Birth: ________________________
Age: _________________________________
Member of: WNA ____ SNA ____ Other Nursing Organization ______

Date of Application: ___________________
Home Address: ________________________
City: _________________ Zip: ___________
Phone Number: (____) __________________

A. Dependent Student

Parent’s Names (if living): ________________________________
or Guardian’s Names: ___________________________________
# of siblings, other than you, in the family: _____________
Are any other siblings in college? Yes ___ No ___

How many? __________________________
Are your parents providing support? Yes ___ No ___

B. Independent Student

Marital Status:
S ______ M ______ W ______ D ______ Sep ______
Spouse Name (if applicable): __________________
Spouse Occupation: ______________________
# of Children: _____________ Ages: __________

Are you or your immediate family providing support if the children are in college? Yes ___ No ___

EDUCATIONAL DATA

Name of school you are now attending: __________________________
Address of school: _________________________________________

How many semesters of nursing courses have you completed? _______________

How many credits do you anticipate taking next year? _____________________

What is your proposed date of graduation? _____________________________

What is your present GPA (using 4.0 scale)? _________________________

List number of years completed beyond high school:

College credit: _______________
Degree: ______________________
Diploma: _____________________
Certificate: ___________________
FINANCIAL DATA

To enable the Scholarship Committee to select scholarship recipients, it is necessary to evaluate financial need as well as scholastic achievement, community involvement, personality, character, etc. For this reason, you are asked to provide the following information which will be treated as confidential by the committee.

What will be the tuition at your school next semester? $________

Can your family help you financially? Yes___ No____

If yes, state amount they can give you per semester: $________

Do you receive aid from any other source, such as loans and grants: Yes___ No____ Please specify:

________________________________________

________________________________________

________________________________________

FINANCIAL STATEMENT

TO BE COMPLETED BY PARENTS OF A DEPENDENT STUDENT OR BY THE STUDENT IF INDEPENDENT

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This financial statement completed by: ____________________________
FINANCIAL DATA (continued)

Any additional pertinent financial information:

__________________________________________________________________________

__________________________________________________________________________

How will the balance of your educational expenses be financed?

Previous NFR Scholarship

Savings

Other

Grant

Scholarship

Work Study

Explain:

__________________________________________________________________________

__________________________________________________________________________

EMPLOYMENT DATA

List all employment held in the past three years, and the dates and reasons for leaving, starting with the most recent.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

How many hours a week do you work?________________________

How many hours a week do you work in the summer?______________

SPECIAL ACHIEVEMENTS AND ACTIVITIES

List any awards or honors you have received:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________

APPLICANT CERTIFICATION

List extracurricular school and community activities in which you have been involved.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
List names, addresses and phone numbers of persons from whom recommendations have been requested:

1. Instructor: __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Employer: __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Personal: __________________________________________________________
   __________________________________________________________
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Explain why you chose nursing as a career goal for the future, and why you should receive this scholarship (attach additional sheet if necessary).

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

How did you learn about this scholarship? __________________________________________________________

**APPLICANT’S CERTIFICATION**

I believe myself eligible for and hereby make application to receive one of the NFR scholarships. I certify that all statements made in my application are complete and accurate. I understand that a committee selected by the NFR Board of Directors will select scholarship recipients, and the decision will be final. I will be willing to participate in an interview, if required. I understand that should I be awarded a scholarship, it will be issued directly to my school and assigned as payment for tuition.

SIGNATURE ___________________________ DATE ___________________________