

APPLICATION
DONALD H. & E. BERNIECE MINK NURSING SCHOLARSHIP
of
FIRST CHRISTIAN CHURCH (Disciples of Christ)

ELIGIBILITY:

- A. Applicant must be a high school senior or a resident of the Paris community.
- B. Applicant can be male or female and must be seeking to further their education in nursing toward either an RN degree or an LPN statu, or even advance professional training.
- C. Applicant must be attending a recognized institution of higher education.
- D. Award will be based on information given in this application and the references given by two (2) individuals.
- E. You must return this form in a sealed envelope to: The Scholarship Committee, First Christian Church, 201 S. Main St., Paris, IL 61944 by April 15. The recipient will be chosen and notified by May 1.
- F. This is a one-year scholarship in the amount of \$500.00.

INFORMATION:

- A. Name _____
- B. Address _____
- C. Date of birth _____ Phone # _____
- D. Parent/Guardian names _____
- E. School currently attending/year _____
or current employment/how long? _____
- F. School or institution you plan to attend _____
- G. Major/minor or training sought _____
- H. State reasons for entering into this program or training. (Attach additional sheet if needed.) _____

- I. How do you envision using nursing in your future life and work? (Attach additional sheet if needed.) _____

- J. Why are you planning/have you chosen nursing as your future profession? _____

K. List your nursing experiences to date: _____

L. Explain your financial need and how this scholarship will aid you: _____

M. Please give us any further information about your plans and dreams as a nurse: _

N. Please list two (2) persons (not related to you), and their positions, who can recommend you for nursing. Then give each a recommendation form to send in.
1. _____
2. _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature _____

Date _____

RECOMMENDATION FORM

DONALD H. & E. BERNIECE MINK NURSING SCHOLARSHIP

Applicant's Name _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How would you describe the applicant's nursing aptitude? _____

How do you feel the applicant will apply his/her nursing training as a benefit to others? _

How do you feel the applicant's proposed course of nursing training/study will be appropriate and beneficial to the applicant? _____

Your signature _____ Phone # _____

Address: _____

Note: Please return in a sealed envelope by April 15th to: The Scholarship Committee, First Christian Church, 201 S. Main St., Paris, IL 61944.

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