

NORTH CAROLINA STATE ELKS ASSOCIATION

Year 2017 "Nursing" Scholarship Competition

Due to Mrs. Trexler in Guidance: Monday, November 28, 2016

Memorandum of Required Facts (use typewriter)

Student's Full Name _____

Social Security Number: _____ - _____ - _____

Telephone: (____) _____

Student's Address _____
Street City State Zip

Date and Place of Birth ____/____/____
City County State

High Schools attended (ninth through twelfth grades)

Name of School Dates Attended

Name of School Dates Attended

Graduation Date _____ Class Rank _____ Number of students in class _____

Date: _____ Signed by _____ (Student)

Date: _____ Signed by _____ (Mother/Stepmother)

Date: _____ Signed by _____ (Father/Stepfather)

For Lodge Use Only---Must Have LODGE ENDORSEMENT to Be Accepted for Judging

The Scholarship Chairperson, Exalted Ruler or Secretary of the B.P.O. Elks Lodge must sign the Lodge endorsement, certifying that he/she has reviewed the application and verifies that it conforms to the requirements of the competition. Applications should not be endorsed if they do not conform. **Applicants must use the current-year application.**

This application, with attached exhibits, has been reviewed and it conforms with the rules and regulations set forth by the NCSEA Scholarship Committee.

Lodge Name: _____ No: _____

Date: _____ (signed) _____
Lodge Scholarship Chairman, Exalted Ruler or Secretary

Positions held in gainful employment, periods of employment, average time employed each week, earnings, etc.

Any additional data to show financial need. Be specific.

Does your High School have a formal nursing program? _____ Yes _____ No.

If yes, did you participate _____ Yes _____ No. Name of program _____

The name of the institution which has accepted you for enrollment in a nursing program.

State what other applications you have made for Nursing scholarship aid. Give details.

Have you been granted Nursing scholarship aid? _____ If so, give details.

Have you reason to expect Nursing scholarship aid from any other source? _____ If so, give details.

Use a separate sheet of paper to list the following HEALTH CARE ACTIVITIES you participated in: (Please indicate dates and whether employed or volunteer.)

PARTICIPATION IN NURSING RELATED ACTIVITIES

1. Hospital/Medical Center.
2. Nursing Homes or Retirement Centers.

OTHER VOLUNTEER ACTIVITIES

1. Blood Drives.
2. CPR Certification.
3. First Aid Certification.
4. Medical Explorers Scout.

MEMBERSHIPS/CERTIFICATIONS

1. HOSA.
2. CNA.
3. Other.

Parental Financial Analysis

(Based on 2015 IRS 1040.)

Stepfather's Name _____ Age: _____ Occupation: _____
Father's Name _____ Age: _____ Occupation: _____
Stepmother's Name _____ Age: _____ Occupation: _____
Mother's Name _____ Age: _____ Occupation: _____

Custodial Parent's marital status as of today (choose one):

Mother: Married Single Widowed Divorced* Remarried** Separated *
Father: Married Single Widowed Divorced* Remarried** Separated *

* Please indicate how long your parents have been divorced or separated.

** Please include stepparent's income in the appropriate section.

Whenever the word "parent" (mother or father) is used, it also means "stepparent."

With whom does applicant make his or her permanent home? ___ Mother ___ Father ___ Both ___ Other _____

A. Number of people in family, not including parents, who will receive the majority of parental support between Sept. 1, 2016 and Aug. 31, 2017. Include dependent children and others, e.g. dependent grandparent, living in household who receive more than half their support from parents. _____

B. Name and age of dependents. _____

C. Number of dependent children, including applicant, as defined above, attending college during academic year 2017-2018 on at least a half time basis. _____

D. Based on your 2015 IRS 1040, indicate the custodial parent(s) adjusted gross income. You will receive zero points in this section if this information is not completed. Round the adjusted gross income to the nearest \$100.

\$ _____

If you have extenuating financial circumstances, please explain in 200 words or less on an attached sheet of paper.

Year 2017 "Nursing" Application Instructions

Applicant must use the official Year 2017 "Nursing" application.

This is a \$1,000.00, one year scholarship award.

The student must be accepted for enrollment in a nursing program which, upon completion, qualifies the student to write the licensing examination for registered nurse. If this student is not accepted in a qualifying nursing program, this award is forfeit. Payment will be made directly to the school attended by the student upon receipt of proper enrollment verification.

(NOTE) Scholarships will be honored only for attendance at North Carolina Schools of Nursing.

Experience has shown that the interests of the applicant are advanced and the time of the Committee is conserved by orderly, concise and chronological presentation on paper approximately 8 1/2 x 11, bound neatly at the left side in a 3-hole paper folder which can be procured at any stationery store. Elaborate bindings, clear plastic, and bulky coverings are discouraged. Remove all letters from envelopes and bind the letters flat. Exhibits evidencing notable achievements in scholarship, leadership, athletics, dramatics, community service or other activities may be attached but the applicant should avoid submitting repetitious accounts of the same aptitude. Elaborate presentation is unnecessary. Careless presentation definitely handicaps the applicant. **The bound application and exhibits must not weigh over ten ounces or exceed twenty pages in length.**

It is also recommended that the applicant be in the top 25% of his/her class and be actively involved in nursing related activities.

In addition to the "Memorandum of Required Facts," and the completed counselor's report, which should be in the folder, we suggest as essential details the following, preferably in the order indicated:

1. Applicant will provide transcript of High School Record. **Please have the High School Counselor include your SAT or ACT test scores on the transcript. If these are not available, your G.P.A. will be accepted.**
2. A letter from school principal and/or counselor regarding citizenship, congeniality, leadership ability, attendance, personal grooming, and reliability.
3. One to three letters of endorsement from responsible persons not related to applicant, (other than teachers), who have had an opportunity personally to observe the applicant, and who can give worthwhile opinions of the moral character, industry, purposefulness and general worthiness of the applicant.
4. An essay entitled "Why I want to become a Nurse."
5. Applicant must be a citizen of the United States of America.

Applications that do not conform substantially to the foregoing requirements should not be endorsed by a subordinate lodge.

North Carolina State Elks Association

2017 Nursing Scholarship – Counselor Report

Applicant: Fill out your name and give this page to your counselor or appropriate school official. This section can be completed by your counselor before you are finished with the application, but must be in a sealed envelope and signed across the seal.

Applicant Name _____

Counselor: This form will be used to verify the applicant's academic status, so be sure to provide accurate information. Please include a copy of your school profile, if available, and answer all of the following questions, even if the information is included in the profile. Please secure these items in a sealed envelope, signed across the seal, and give to the student to include with the application. This form will not be returned to the applicant.

This applicant's unweighted grade point average (A=4.0) _____

The highest GPA in the graduating class? _____

Applicant's highest test scores: ACT _____/Date taken _____

SAT Critical Reading _____ Math _____/Date(s) taken _____

Does your school offer courses related to the Nursing/Medical field? ___yes ___no

If so, please list them: _____

Has the applicant volunteered or taken part in any health related activities, clubs or other organizations at the school? ___yes ___no

How would you describe this applicant's academic program compared with that of other students applying for scholarships?

___ Below Average ___ Average ___ Above Average ___ Rigorous ___ Most Rigorous

Name (please print) _____ Position _____

School Phone _____ School Email _____

Signature _____ Date _____