

FERRIS GOODRIDGE AMERICAN LEGION AUXILIARY UNIT 330
NURSING SCHOLARSHIP APPLICATION

PLEASE PRINT:

1. NAME OF APPLICANT: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____

4. NAME OF VETERAN OR FIRST RESPONDER ORGANIZATION:

VOLUNTEER HOURS: _____

5. BRIEF STATEMENT OF VOLUNTEER SERVICE:

6. HIGH SCHOOL ATTENDED AND GRADUATION DATE: _____

ACTIVITIES (may be included in resume):

a. Extra-curricular school activities: _____

b. Community Organizations (Church, Music, Political, etc.) _____

c. Employment: _____

7. NAME AND ADDRESS OF SCHOOL APPLICANT MAY/OR WILL ATTEND:

Have you filled out a college application? Yes _____ No _____ Accepted _____

Total cost of attending for one (1) year: _____

Type of program you expect to enter: _____

Other: _____

UNIT PRESIDENT OR EDUCATION CHAIRPERSON: _____

SIGNATURE OF APPLICANT: _____