

Moser Nursing Scholarship

* A scholarship will be granted to a student who aspires to become a Licensed Practical Nurse or Registered Nurse.
* The $1000.00 scholarship will be paid to the chosen school at the time that fees are due.
* There are no restrictions on the student’s choice or hospital or school.
* Applications must have notification of acceptance from the school where they play to enroll prior to consideration for the scholarship.
* To be considered, each applicant must include:
  1. A three-paragraph summary explaining why you would like to enter the field of nursing, and why you desire this scholarship.
  2. A transcript of your high school grades.
  3. Two letters of recommendation.
  4. Please remit to: N160 State Route 108, Attn. Scholarship Committee, Napoleon, OH 43545
* All components of the application must be postmarked by March 31 to the Scholarship Committee. The Committee will meet before the end of April to select the recipient. You will be notified of the Committee’s decision by mail.



**Moser Nursing Scholarship Application**

Name: Click here to enter text. Phone: Click here to enter text.

Address: Click here to enter text.

Age: Click here to enter text. Date of Birth: Click here to enter text.

Father’s Occupation: Click here to enter text. Place of Employment: Click here to enter text.

Mother’s Occupation: Click here to enter text. Place of Employment: Click here to enter text.

College Attending: Click here to enter text. Major & Degree Sought: Click here to enter text.

Briefly, why do you wish to enter the field of nursing? Click here to enter text.

If you have been awarded financial assistance or other scholarships, please list.

Type of Aid From Whom Amount

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

We have examined this application and confirm the records are true, complete, and accurate.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These signatures are to be affixed prior to forwarding this application.