



**40&8
NURSES TRAINING SCHOLARSHIP PROGRAM**



Voiture 612 Indiana
Ken Hylton - Nursing Scholarship Director
PHONE (812) 212-6932
PO BOX 544, SUNMAN, INDIANA 47041-0544

This scholarship is offered to individuals enrolling in course work leading to a Nursing Degree at an accredited School. Applications will be accepted only from students, graduates and residents of **Dearborn, Franklin, Ohio or Switzerland Counties**. **Applications are due by March 31st of the current year**. Please make certain to complete each section of the application, incomplete applications will not be accepted. Once complete, please mail your completed application and attachments to Ken Hylton at the address above. If selected, scholarships will be awarded on the Third Sunday in July at our annual Banquet. **Please save the date for this event.**

The undersigned is hereby making an application for a Nurse's Training Scholarship and financial assistance from Voiture 612, 40&8 and hereby presents the following:

Date of Submission (Month/Day/Year): _____

Personal Information:

First Name: _____ Last Name: _____

Address: _____ Phone (Legible and Current): _____

City: _____ State: _____ Zip: _____

Email Address: _____

High School Attending/Graduate of: _____

Class Rank: _____ Out of: _____

Name of Parent or Guardian (if appropriate): _____

I have been accepted into the Nursing Program at: _____

Please also include (attach):

- Reference statement(s) from your Principal, Guidance Counselor or Teachers.
- A letter stating why you chose Nursing as a career profession (no more than 250 words).
- Any information about your extra-curricular and community activities, personal information or academic information that you feel appropriate to this application.

I further promise that if I receive this scholarship, I will complete my first Semester of Nursing Program/Training and provide Proof of Enrollment and Satisfactory Grades in order to receive the second installment of the Scholarship.

This scholarship is offered for one year (in two equal installments) in an amount specified annually by the board of Directors.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____