

APPLICATION FOR NURSING SCHOLARSHIP

Applicants must be enrolled in a college/university nursing program, must have a minimum GPA of 2.5, and must reside in Coweta County, Georgia.

First Name		Middle Name		Last Name			
Street Address		City			State	ZIP	
Phone Email					Birthdate		
Father's Name		Father's Employer		Father's O	Father's Occupation		
Mother's Name		Mother's Employer		Mother's O	Mother's Occupation		
College/University to Which You	Have Been	Accepted	Title of the Program	 n You Are Pursu	ing		
How long have you been in the program?			What is your currer	What is your current status within the program?			
Brief autobiography for the future A recent photography school average and Letter describing your lf applicant is a minor, then	/, including the transcript d your class our financi	(If submitting a has ranking.) It is all situation and the	nigh school transcrip	t, it must indic			
Up to four \$500 scholarship	s will be a	awarded.					
Completed application mus WOGK Kiwanis, 253 Lofti			-	gmail.com o	mailed	I to:	
Applications must be received	ed by Jul	y 15, 2019. Awai	rds will be made by A	August 1, 201	9.		
Signature of Applicant If applicant is under 18 years	ears of ag	e:					