

**SILENT WORKERS CIRCLE  
APPLICATION FOR NURSING SCHOLARSHIP 20\_\_\_\_\_**



**PART 1 – PERSONAL INFORMATION**

Name \_\_\_\_\_  
Mr., Mrs., Ms.      First      Middle      Last

Mailing Address \_\_\_\_\_  
Number and Street      City      State      Zip

Permanent Home Address \_\_\_\_\_  
Number and Street      City      State      Zip

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizen of US or Canada \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Dependents (ages and relationship) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Objective \_\_\_\_\_  
\_\_\_\_\_

**PART 2 – EDUCATION**

List all graduate and undergraduate institutions attended:

Name	Dates Attended	Year of Graduation	Degree
_____	_____	_____	_____
_____	_____	_____	_____

Nursing School you are attending: \_\_\_\_\_

Address of Financial Aid/Development Office: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

This application is for financial assistance for the following year (check one):

\_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> of 4 \_\_\_\_ 3<sup>rd</sup> and Final \_\_\_\_ 4<sup>th</sup> and Final

\_\_\_\_ Advanced Degree Explain: \_\_\_\_\_

Anticipated graduation date from the institution listed above: \_\_\_\_\_

Degree to be obtained \_\_\_\_\_

### PART 3 – EMPLOYMENT HISTORY

List all employment you have held during the past two years:

Type of work	Employer	Dates of Employment	#Hours/week
--------------	----------	---------------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PART 4 – FINANCIAL INFORMATION

What is the estimated cost of your schooling next year?  
(Please break down the cost)

\$ \_\_\_\_\_ Tuition

\$ \_\_\_\_\_ Fees

\$ \_\_\_\_\_ Books

\$ \_\_\_\_\_ Housing

\$ \_\_\_\_\_ Misc. (Explain)

What are your sources of income?

Anticipated earnings during the school year

From full-time _____ or part-time _____ employment	\$ _____
Spouse's income	\$ _____
Family contribution	\$ _____
Anticipated scholarships – confirmed	\$ _____
Unconfirmed	\$ _____
Student loans	\$ _____
Other income	\$ _____
<b>TOTAL ESTIMATED INCOME</b>	<b>\$ _____</b>

Please attach and forward all the following to the Nursing Scholarship Committee, Silent Workers Circle. The application and following documents should be sent in one complete package.

- A. Up-to-date official grad transcripts from current school
- B. Two Letters of recommendation from informed people with their identification and relationship made clear (employer, professor, etc.)
- C. Stamped self-addressed envelope (#10)
- D. Provide a personal statement of background, activities and interests. Please include the reason for selecting Nursing as your chosen field.

SIGNATURE:

*I certify that the information in this application and supporting documents is accurate. I give my permission for the Nursing Scholarship Committee to contact the Financial Aid/Development Office of my current school.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

All of the required information must be received by the Committee by March 1<sup>st</sup>

Ann Judy  
Silent Worker's Scholarship Committee  
220 Hanna Place  
Frankfort, Ky. 40601  
kdaajudy@yahoo.com