



Voiture 97 The Forty and Eight

5400 E. Yale Ave., Denver, CO 80222 303-757-1919

APPLICATION INFORMATION

1. Name _____
First Middle Last

2. Address _____
Number and Street

_____ City State Zip Code

3. Date of Birth _____ 4. Social Security # _____

5. U.S. Citizen (YES) _____ (NO) _____ 6. Marital Status Single _____ Married _____

7. Home/Cell Telephone # with Area Code _____

8. List dependents of applicant: (Use another page is more than 3)

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Parent or Guardian Name: _____

10: Parent or Guardian Address: _____

11. List names and addresses of three (3) persons in your community who know you for reference.

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Information

12. Name and location of High School _____

13. School of Nursing & Current Class Level _____

14. Name and Address of Institution currently attending _____

15. Attach transcripts of your university records.

16. On a separate sheet of paper, type or print clearly your plans for your professional career.

Financial Information

17. Applicant's Annual Income: _____

18. Explain why you are requesting financial assistance _____

Applicant's Statement

Should I be granted a Nurse Scholarship, I hereby certify:

- 1) I need scholarship aid and to continue my education.
- 2) I am properly enrolled as defined by the Office of the Registrar
- 3) I will use the proceeds of the scholarship only for the payment of tuition and required fees, board and room, or similar living expenses, and for other school related expenses.
- 4) I will notify Voiture 97 if I withdraw from school during the first semester the grant is made. A determination will be made at that time whether the scholarship grant must be repaid.
- 5) I hereby acknowledge that all information submitted is true and correct.

Date _____

Signature of Applicant

Parent of Guardian Statement

To the best of my knowledge, the information is correct. I understand _____
is applying for financial scholarship aid to help with educational expenses.

Date _____

Signature of Parent or Guardian

Institutional Statement

It is understood and agreed upon by _____

Name of Institution

That 1) Any funds granted to (applicant name) _____ shall be paid to the above-named Institution. Funds may be pre-rated by Semesters.

2) It is the opinion of the above-named Institution the above-named applicant has the necessary qualifications and has demonstrated a sincere desire to pursue a nursing career.

Date _____

Authorized Signature

Title

Institutional Address

Telephone #

City

State

Zip Code

***The final determination and approval of the Nurses Scholarship Application remains with
Voiture 97.***

Accepted _____ Rejected _____

Date

Date

Chef de Gare

Correspondant

Please send completed application to: debdavis4546@gmail.com