

WOMEN'S CIVIC CLUB OF KATONAH

Friendship and Service to the Community

NURSING SCHOLARSHIP APPLICATION

Applicants must be residents of the Katonah-Lewisboro or Bedford Central School Districts

Name: _____
Last First Middle Initial

Address: _____ Tel. #: _____
Street Town

E-mail Address: _____ School: _____ GPA: _____

Mother's Name: _____ Occupation: _____
(be specific)

Employer(s): _____

Father's Name: _____ Occupation: _____
(be specific)

Employer(s): _____

Approximate Total Household Income Range:

Below \$50,000 \$51,000 - \$100,000 \$101,000 - \$150,000 Above \$150,00

Sibling(s) Name:	Age:	School Currently Attending (if any):

List Schools to which you have applied. Place them in order of preference:

School Name:	Location:	Proposed Major:	Acceptance (yes/no)	Tuition
1.				
2.				
3.				

Are you applying for other financial assistance to fund your education? Yes No

A "personal statement" of 200-300 words is required. Tell us why you are a good candidate for our scholarship. On an activity or fact sheet, please list your community service activities, employment and school involvement. Attach your personal statement and activity/fact sheet to this application.

Please bring your completed application to Mrs. Semenetz in the Principal's office by Thursday, February 14th, 2019. This is a firm deadline.

Signature _____

Date _____