Loraine Lambert Memorial Nursing Scholarship
Application Form

1. Name _____

2. Permanent Address _____

   City _____ State _____ Zip _____

3. Home Phone ( ) _____

   Cell Phone ( ) _____

   Business Phone ( ) _____ ext. _____

4. Financial Aid:
   a. Have you applied for, or are you currently receiving any form of financial aid? Please list sources below (use back of application or separate sheet of paper if necessary)

      _____

      _____

      _____

      _____

   b. Are there extenuating circumstances that place you in a position of financial need at this time? Please explain.

      _____

      _____

      _____

      _____

   c. If you live independently (not supported by parents), what is your annual combined household income? (If married, be sure to include both incomes).

      _____

5. Please describe your current citizenship status or permanent residency status if you are not a United States citizen.

   _____

   _____

   _____

6. High School where you graduated _____

   City _____ State _____ Class Year _____

   If you did not graduate, i.e. received GED, describe your educational progress to date (use back of application or separate sheet of paper if necessary).

7. Employment Status
   If you are employed, please complete the following:

   a. I am employed by _____. My position is

      _____, part time _____, full time _____.

      Company address _____, City _____,

      State ____, Zip _____ Name of immediate supervisor

      _____

   b. Most recent position prior to above position: Employer

      _____, my position was

      _____.

      Company address _____, City _____,

      State ____, Zip _____, part time _____, full time _____.

8. Please explain why you wish to pursue a career in the field of Nursing.

   _____

   _____

   _____

   _____

9. What life experiences have you had that have influenced you toward the field of Nursing?

   _____

   _____

   _____

10. What short range and long range goals do you have related to the field of Nursing or Health?

    Short Range Goals (1-5 years)

    _____

    _____

    _____

    Long Range Goals (5-20 years)

    _____

    _____

    _____

11. Attach three letters of recommendation using Loraine Lambert Letter of Recommendation Forms.

DEADLINE FOR RECEIPT OF ALL APPLICATION MATERIALS IS MARCH 16 OR BEFORE AND SHOULD BE SUBMITTED TO KEWANEE HIGH SCHOOL OFFICE OR COUNSELOR'S OFFICE!