

MONROE COUNTY 40 et 8 VOITURE 804

APPLICATION FOR NURSES TRAINING SCHOLARSHIP

NAME: _____

ADDRESS: _____ PHONE: _____

PARENT/GUARDIAN: _____

HIGH SCHOOL: _____

TECHNICAL COLLEGE OR
UNIVERSITY YOU WILL BE ATTENDING: _____

USING A SEPARATE SHEET OF PAPER PLEASE INDICATE YOUR **REASONS FOR WANTING TO ENTER THE NURSES TRAINING FIELD AND THE REASONS FOR NEEDING THIS SCHOLARSHIP.**

SENIOR HIGH SCHOOL GUIDANCE COUNSELOR:

I CERTIFY THE ABOVE NAMED STUDENT HAS BEEN ACCEPTED INTO A NURSES TRAINING PROGRAM AT AN ACCREDITED SCHOOL AND RECOMMEND THIS STUDENT FOR A NURSES TRAINING SCHOLARSHIP BASED ON PREVIOUS ACADEMIC ACCOMPLISHMENTS AND POTENTIAL TO RECEIVE A DEGREE.

(NAME, TITLE, SIGNATURE)

LIST AT LEAST TWO (2) REFERENCES OTHER THAN RELATIVE:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

APPLICANT:

I CERTIFY THAT I WILL WORK TO MY ABILITIES AND THAT I WILL NOTIFY VOITURE 804 IF I DROP OUT OF THE NURSES PROGRAM FOR ANY REASON. I WILL ALSO PROVIDE A STATEMENT FROM THE SCHOOL STATING THAT MY GRADES WERE SATISFACTORY AND THAT I HAVE ENROLLED FOR ANOTHER YEAR IN THE NURSES TRAINING FIELD. (THIS MUST BE PERFORMED EACH YEAR AFTER THE FIRST YEAR IN ORDER TO RECEIVE FURTHER SCHOLARSHIP MONEY).

(SIGNATURE)

MAIL APPLICATION BY MARCH 15TH TO: LARRY G. ISENSEE
9525 GAVEL AVE.
SPARTA, WI 54656