

REBEKAH ASSEMBLY NURSING AWARD

Please attach a current snapshot in the box.

APPLICATION MUST BE COMPLETED IN FULL

Date _____

1. Name _____
Last Name First Name Middle Initial

2. Home Address _____
Street & No. City State Zip Code

3. Telephone No. (____) _____ Soc. Sec. No. _____ Date of Birth _____

4. Name of Father, Mother, Spouse or Legal Guardian _____

5. Address _____
Street & No. City State Zip Code

6. Occupation _____
Father Mother Spouse Legal Guardian

6a. Where Employed _____
Father Mother Spouse Legal Guardian

6b. Salary (gross per week) _____
Father Mother Spouse Legal Guardian

6c. Family – Civic, Fraternal & Church Affiliations _____

7. Number & Ages of Dependent Children in Family beside yourself _____

8. Have you applied for other scholarships/ awards? _____
Number Ages
If yes, where and in what amount(s)? _____

9. Have you received any scholarships/awards? _____
If yes, where and in what amount(s)? _____

FOR NURSING PROGRAMS LEADING TO REGISTERED NURSING LICENSURE – STATE OF MAINE SCHOOLS ONLY

10. Name of college/university where you have been accepted into a program leading to RN licensure _____

Address _____

Circle 1st, 2nd, 3rd, 4th year applying for

10a. Have you been accepted? _____ If so, provide Director's/Dept. Chair's name _____

10b. Statement of Preparation you have made for this program: _____

HIGH SCHOOL & TRAINING (attach transcripts): _____

JOBS/SAVINGS/ETC. _____

11. Do you do any type of part-time work for pay? _____ If yes, how many hours per week? _____

12. Approximately how much do you earn per week? _____ What type of work? _____

13. About how much money (Financial Assistance) is required to enter, or remain in the RN Nursing School of your choice? _____

14. Why is financial assistance needed? _____

15. If accepted, it is expected that you will write to the Awards Committee, at the close of each semester, in regard to your studies and progress made. Will you be willing to comply with this request? _____

16. Name and Address of High School _____

17. Name of Principal and Date awards are made to students _____

18. Please provide names of five (5) people who know you personally (not relatives) who are willing to recommend you for this award. Include your High School Principal or Director of Nursing (if already attending a School of Nursing).

NAME	ADDRESS	RELATIONSHIP*

*Teacher, Friend, Neighbor, Pastor, etc.

19. Letters of Recommendation MUST accompany all applications to have them eligible to qualify. First year Students: Guidance Director and/or Principal, etc. Second, third or fourth year students, including ADN (Associate Degree Nursing) Program participant - Director of Nursing and/or Clinical Nursing Instructor, etc.

20. High School or College OFFICIAL transcripts MUST accompany application. (INTERNET GRADE TRANSCRIPTS ARE NOT ACCEPTABLE.)

If I am a recipient of this award, I will endeavor to complete the program of study. Should I VOLUNTARILY RESIGN OR FAIL TO MEET THE ACADEMIC CRITERIA, I ACCEPT the responsibility to repay, in full, (interest free), the amount granted, over a reasonable period of time, not to exceed two (2) years.

The above statements and information are, to the best of my knowledge, true and correct.

_____ Date of Application
 _____ Signature of Applicant

It is with my knowledge and permission that my Daughter/Son has filed an application for this award in pursuing Her/His education.

_____ Date
 _____ Signature of Parent/Legal Guardian of Applicant
 (MUST BE SIGNED IF APPLICABLE)

Completed application and letters of recommendation should be sent to:
Ms. Joyce Young 6 Juniper Circle Gorham ME 04038

FOR APPLICATION TO BE CONSIDERED, IT MUST BE LEGIBLE AND COMPLETELY FILLED OUT
NO APPLICATIONS ACCEPTED AFTER APRIL 15TH

If more space is needed, please use remaining space or a separate sheet of paper