

Florissant Elks #2316 Ladies Auxiliary Scholarship Committee
16400 NEW HALLS FERRY ROAD FLORISSANT, MO 63031

FLORISSANT ELKS LADIES SCHOLARSHIP GENERAL RULES

1. Two scholarships in the amount of \$2,000.00 each will be awarded this year.
2. Persons may apply for scholarship prior to March 31, 2020.
Scholarships will be awarded no later than June 30, 2020.
3. The application must be completed in full. **NO EXCEPTIONS!**
4. Scholarship winners shall be chosen by a committee consisting of the following:
Florissant ELKS Ladies Club President or designee Senior Trustee
One (1) Member of the Ladies Bingo committee
At least three (3) members of the Nursing Scholarship Committee
5. The Scholarship Committee shall base their final selections on the following factors:
Proven interest in Nursing as a career
Academic ability as measured by standardized test (ACT) and grades
Three (3) letters of recommendations and/or letters of endorsement and Personal Bio (Achievements and Awards)
At the time of the selection procedure, persons of greater financial need will be given preference, if all other factors are essentially equal (extraordinary family circumstances)
6. The decision of the Scholarship Committee shall be final
7. The Scholarship Award recipients shall be required to guarantee that the monies received from the Florissant ELKS Ladies Club Scholarship Fund be refunded should recipient not enroll and attend the school of nursing during the years indicated.
8. All monies awarded will be sent directly to the school of the recipient's choice.

ALL INFORMATION IN THIS STATEMENT SHALL REMAIN CONFIDENTIAL

NURSING SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP)

TELEPHONE NUMBER _____

DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMBER _____

MARRIED or SINGLE _____

CURRENT HIGH SCHOOL OR COLLEGE _____

CURRENT GRADE POINT AVERAGE _____

ATTACH OFFICIAL CURRENT HIGH SCHOOL OR COLLEGE TRANSCRIPT

ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL OTHER THAN HIGH SCHOOL OR COLLEGE? YES _____ NO _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____
IF YES, HOW MANY HOURS PER WEEK? _____

SINCE THIS SCHOLARSHIP WILL BE AWARDED IN THE SPRING OF 2018 APPLICANT MUST BE ENROLLED IN COLLEGE OR A SCHOOL OF NURSING FOR THE FOLLOWING FALL SEMESTER.

PLEASE ATTACH TO THIS APPLICATION:

A MINIMUM OF THREE (3) LETTERS OF RECOMMENDATION FROM YOUR PRESENT HIGH SCHOOL/COLLEGE, TEACHERS/ADVISORS OR FROM NON-SCHOOL SOURCES (i.e. CLERGY, EMPLOYER, ETC.)

A PERSONAL BIO DESCRIBING YOURSELF AND WHY YOU FEEL YOU SHOULD BE AWARDED THE FLORISSANT ELKS LADIES NURSING SCHOLARSHIP.

SINCE THE APPLICANTS ARE NOT PERSONALLY INTERVIEWED
#13 COUNTS FOR A POSSIBLE 20 POINTS IN THE JUDGING
CRITERIA-POINTS WILL BE DEDUCTED IF NOT COMPLETED IN
FULL.

IN SIGNING THIS APPLICATION, I CERTIFY THAT IT HAS BEEN COMPLETED IN
ITS ENTIRETY AND TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

PLEASE RETURN COMPLETED APPLICATION TO:

FLORISSANT ELKS LADIES CLUB
SCHOLARSHIP COMMITTEE
Ursula Raymer
2884 Park New York Drive
Florissant MO 63031

MUST BE POSTMARKED BY MARCH 31TH to be considered.

APPLICATION CHECK LIST:

All questions are answered on the application
Endorsement letters and personal Bio
Transcript of grades
2017 Financial Statement

Please keep in mind that points will be deducted if not completed in full.

FLORISSANT ELKS LADIES SCHOLARSHIP

FINANCIAL STATEMENT

FAMILY INFORMATION

Applicants Name _____

If applicant is living with parents, the following information is needed:

Father's Name (if single) _____

Address _____ Telephone _____

City, State and Zip _____

Mother's Name (if single) _____

Address _____ Telephone _____

City, State and Zip _____

Spouse's Name (if married) _____

Combined Total Gross Annual Family Income* _____

*As reported on current Federal Income Tax Form. **A copy of tax return MUST BE ATTACHED OR FAFSA**

If single, and living in parent's home, list the number of siblings living in the home _____

Number of Applicant's Dependent Children _____

I certify that the above information is true and correct.

Applicant's Signature

Parents /Spouse Signature

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