

JAMIE AND STANLEY BRITE NURSING SCHOLARSHIP APPLICATION

Name of Applicant: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Length of time: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Present employer: \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Past employer: \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Educational background:

High School: \_\_\_\_\_ Dates: \_\_\_\_\_

Post high school education: \_\_\_\_\_ Dates: \_\_\_\_\_

Field of study: \_\_\_\_\_ Degree, if any: \_\_\_\_\_

What particular area of health care you are interested in, if any? \_\_\_\_\_

Have you completed all prerequisites for the field of study you wish to enter? \_\_\_\_\_

Have you applied yet to the health care program you wish to attend? \_\_\_\_\_ Where? \_\_\_\_\_

If so, what program is that? \_\_\_\_\_ Been accepted? \_\_\_\_\_

When does the program begin? \_\_\_\_\_

List three non-family references that we may contact for additional information about you.

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

What do you think are your three best personal characteristics? \_\_\_\_\_

\_\_\_\_\_

Who would you describe as your hero or role model? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

Explain in detail why you would like a career in health care and how the community would benefit from the training you would receive. *(You may use the back of this page if necessary to complete your answer.)*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_