

**APPLICATION FORM
ANNETTE RODGERS NURSING SCHOLARSHIP**

NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **AGE:** _____

PARENT'S NAME: _____ **DATE OF BIRTH:** _____

**WHAT PERCENTAGE OF YOUR COLLEGE EDUCATION MUST YOU PAY YOURSELF?
CIRCLE ONE. 100% 75% 50% 25% 0%**

NUMBER OF BROTHERS AND SISTERS: _____ **LIST THEIR AGES:** _____

COLLEGE ENTRANCE TEST SCORES: ACT _____ **SAT** _____

COLLEGE MAJOR: _____

APPROXIMATE HIGH SCHOOL AVERAGE: _____

LIST HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL: _____

LIST ACTIVITIES PARTICIPATED IN WHILE ATTENDING HIGH SCHOOL: _____

**WRITE A BRIEF STATEMENT TELLING WHY YOU WOULD LIKE TO RECEIVE THIS
SCHOLARSHIP. USE THE BACK IF NECESSARY.** _____

**IN SIGNING THIS APPLICATION, THE APPLICANT VERIFIES THAT THE ABOVE
INFORMATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.**

SIGNATURE: _____ **DATE:** _____