

Class of 2019

Scholarship Application

**Kappa Kappa Kappa Province Seven
HILDA BOWEN NURSING APPLICATION**

Deadline to Apply: FEB 5, 2019

WHAT DO I NEED TO INCLUDE????

OFFICIAL TRANSCRIPT? YES

LETTERS OF RECOMMENDATION? YES, 3

PERSONAL STATEMENT? YES

PHOTO? YES

EXTRA COPY OF APPLICATION? YES

WHERE TO RETURN COMPLETED APPLICATION?

ACHIEVE CENTER

MRS. LUNDY

Due Feb 5, 19

CHECKLIST FOR APPLICANTS
KAPPA KAPPA KAPPA PROVINCE SEVEN
HILDA BOWEN NURSING SCHOLARSHIP

Please follow the specified directions and include the requested items when applying for this scholarship. Failure to comply may mean rejection of your application.

Applications must be submitted in the following order:

1. Completed application form, typed or neatly printed.
2. Detailed transcript of current high school or college if applicable.
3. Three letters of recommendation from a variety of personal and professional acquaintances, not relatives.
4. Personal statement which includes the following information:
Why I want to be a nurse.
Why I need financial assistance.
What are my goals in nursing?
What nursing or related experiences I have had.
5. Recent photograph clear enough for scanning and publication in Cross Keys if awarded.
6. Complete address of school to which scholarship monies should be sent if awarded.
7. **Please make a copy of the entire application and send with the original. One is held for safekeeping. One is shared with the committee.**

**Kappa Kappa Kappa Province Seven
Hilda Bowen Nursing Scholarship Application**

Name _____ Date of Birth _____

Mailing Address _____

Phone _____ Email _____

High School you attend(ed) _____ Graduation Date _____

Grade Point Average _____ Number in Graduating Class _____ Class Rank _____

School Activities _____

Community Activities _____

College/School You Plan to Attend _____

Address _____

Acceptance Status _____ Date You Plan to Attend _____

Yearly Cost of Education (tuition, room, board) _____

Total Yearly Monies Received From Other Sources _____

Yearly Income (parents' income if a dependent) _____

Are you a 21st Century Scholarship Recipient? (circle) yes no

Additional Comments _____

If you are selected to receive this scholarship, you must be willing to sign an agreement to repay any monies advanced to you from the scholarship fund should you drop your proposed course of study.

Applicant's
Signature _____