

**Mary Ann (Bolig) Memorial Nursing Scholarship
for Students Entering a Registered Nursing program**

Name _____

Grade point average _____

College you will be attending _____

Have you been accepted? _____ Major _____

List below the activities in which you have participated during high school. These may include community activities, also.

Please indicate any special circumstances or hardships that might affect family finances.

On the reverse side, write a short essay describing the reason that he/she chose to become a registered nurse. The essay should describe the qualities that he/she possesses that will make the student an effective nurse. The length of the essay should be as long as it takes for you to be thorough.

Deadline for submission to the Guidance Office is Friday, April 12, 2024.

By signing this application, I authorize the Selinsgrove School District to release my academic records (and any information accompanying this application) for the purpose of scholarship selection.

Signature: _____ Date: _____

Selinsgrove Area High School General Scholarship Application

NOTE: Application must be fully completed and submitted to the committee by the designated date in order to be considered for aid. **Please print clearly.**

Name _____
(Last) (First) (Middle)

Address _____
(Street name and number) (City and State)

Phone _____ Birth date _____

Parents/Guardian (check if living)

_____ Father _____ Mother _____ Stepfather _____ Stepmother

Name of Father/Male Guardian _____

Occupation of Father/Male Guardian _____

Where and for whom does he work? _____

Name of Mother/Female Guardian _____

Occupation of Mother/Female Guardian _____

Where and for whom does she work? _____

List all brothers and sisters with ages: (List your name first)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Have you been accepted for further education? Yes _____ No _____

Where? _____

What do you plan to study? _____ Approximate cost per year? _____ (Prior to financial aid.)

Please include a copy of the 'Congratulations, The FASFA Form is Complete' page.

To the best of my knowledge, the information reported is complete and correct.

By Signing below I acknowledge that information about my Grade Point Average, Class Rank, current scholastics, and extra-curricular activities may be release to Scholarship and Awards Committees outside of school. ***Please use the back to explain any unique/extenuating circumstances which may impact your financial situation/needs.***

(Signature of Applicant)

(Date)

RETURN TO HIGH SCHOOL GUIDANCE OFFICE BY April 12, 2024.