

The Doris A. Brelage Nursing Scholarship Application

Must be typed

Name: _____ D. O. B. _____

Home Address: _____ City: _____ Zip Code _____

E-mail Address: _____

Home Telephone Number: _____ Work Telephone Number _____

High School: _____ Graduation Date: _____

Intended major/desired proficiency: _____

Provide an official transcript(s) from your college and/or school of nursing.

G.P.A. _____

Are you currently employed? Yes _____ No _____

Employer's name _____

If you are not currently employed, explain how you spent your time from high school graduation to the present:

Are you married? Yes _____ No _____

If yes

Spouse's name _____

Spouse's Employer _____

Spouse's Occupation _____

Do you have children? Yes _____ No _____

Names and ages of children: _____

Describe any work experience not previously discussed:

List any awards or honors you have received since your graduation from high school:

List any leadership positions you have held since your graduation from high school:

List any community organizations to which you belong or community service activities you have participated in since your graduation from high school:

What type of program and institution will you attend and why did you choose this course of study:

What are your goals upon completion of this program?

Are there other circumstances to be considered when your application is evaluated?

Please attach additional pages if you have a need.

**Return Brelage Scholarship application including transcript(s) and recommendation
by June 1st to Ripley County Community Foundation**