

## 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 1<sup>st</sup> to Ripley County Community Foundation**



Connecting People Who Care with Causes that Matter

## PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I (or on behalf of the minor named below) hereby grant to Ripley County Community Foundation, Inc., and its subsidiaries, its employees, officers, representatives and assigns, the absolute right and permission to copyright, use, re-use, publish, re-publish, and illustrate from portraits or photographic pictures of me (or of the minor or in which the minor may be included), in whole or in part, or composite or distorted in character or form without restriction as to changes or alterations from time to time, in conjunction with mine (or the minor's) own or fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known, for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I (or the minor) may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge Ripley County Community Foundation, Inc., its employees, officers, representatives or assigns, and all persons acting under their permission or authority or those for whom Ripley County Community Foundation, Inc. is acting, from any liability, including without limitation any claims for libel, invasion of privacy or the unintentional infliction of emotional distress.

I hereby acknowledge that since my participation with the Ripley County Community Foundation, Inc. is voluntary, I will receive no financial consideration.

I hereby warrant that I am of legal age, or if under 18 years of age that I am legal guardian for or the natural parent of the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me, my minor child and our heirs, legal representatives and assigns.

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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Printed Name of Guardian