

# NORTH CAROLINA STATE ELKS ASSOCIATION

## Year 2015 "Nursing" Scholarship Competition

**IMPORTANT:** Before completing, please read and follow guidelines outlined on page 4. Application must be filed with the Lodge of jurisdiction on or before December 5, 2014. After verification, the Lodge must file the application by January 6, 2015 with the Chairman of the State Scholarship Committee for judging. If selected, the applicant will be notified by the state chairman no later than February 28, 2015.

### Memorandum of Required Facts

Student's Full Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Student's Address \_\_\_\_\_  
Street City State Zip

Date and Place of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
City County State

High Schools attended (ninth through twelfth grades)

\_\_\_\_\_  
Name of School Dates Attended

\_\_\_\_\_  
Name of School Dates Attended

Graduation Date \_\_\_\_\_ Class Rank \_\_\_\_\_ Number of students in class \_\_\_\_\_

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Student)

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Mother/Stepmother)

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Father/Stepfather)

### **For Lodge Use Only--Must Have LODGE ENDORSEMENT to Be Accepted for Judging**

The Scholarship Chairperson, Exalted Ruler or Secretary of the B.P.O. Elks Lodge must sign the Lodge endorsement, certifying that he/she has reviewed the application and verifies that it conforms to the requirements of the competition. Applications should not be endorsed if they do not conform. **Applicants must use the current-year application.**

This application, with attached exhibits, has been reviewed and it conforms with the rules and regulations set forth by the NCSEA Scholarship Committee.

Lodge Name: \_\_\_\_\_ No: \_\_\_\_\_

Date: \_\_\_\_\_ (signed) \_\_\_\_\_  
Lodge Scholarship Chairman, Exalted Ruler or Secretary

Positions held in gainful employment, periods of employment, average time employed each week, earnings, etc.

Any additional data to show financial need. Be specific.

Does your High School have a formal nursing program? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, did you participate \_\_\_\_\_ Yes \_\_\_\_\_ No. Name of program \_\_\_\_\_

The name of the institution which has accepted you for enrollment in a nursing program.

State what other applications you have made for Nursing scholarship aid. Give details.

Have you been granted Nursing scholarship aid? \_\_\_\_\_ If so, give details.

Have you reason to expect Nursing scholarship aid from any other source? \_\_\_\_\_ If so, give details.

**Use a separate sheet of paper to list the following HEALTH CARE ACTIVITIES you participated in: (Please indicate dates and whether employed or volunteer.)**

PARTICIPATION IN NURSING RELATED ACTIVITIES

1. Hospital/Medical Center.
2. Nursing Homes or Retirement Centers.

OTHER VOLUNTEER ACTIVITIES

1. Blood Drives.
2. CPR Certification.
3. First Aid Certification.
4. Medical Explorers Scout.

MEMBERSHIPS/CERTIFICATIONS

1. HOSA.
2. CNA.
3. Other.

## Parental Financial Analysis

(Based on 2013 IRS 1040.)

Stepfather's Name  \_\_\_\_\_  
Father's Name  \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Stepmother's Name  \_\_\_\_\_  
Mother's Name  \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Custodial Parent's marital status as of today (choose one):

Mother: Married  Single  Widowed  Divorced\*  Remarried\*\*  Separated\*   
Father: Married  Single  Widowed  Divorced\*  Remarried\*\*  Separated\*

\* Please indicate how long your parents have been divorced or separated.

\*\* Please include stepparent's income in the appropriate section.

Whenever the word "parent" (mother or father) is used, it also means "stepparent."

With whom does applicant make his or her permanent home? \_\_\_Mother \_\_\_Father \_\_\_Both \_\_\_Other \_\_\_\_\_

A. Number of people in family, not including parents, who will receive the majority of parental support between Sept. 1, 2014 and Aug. 31, 2015. Include dependent children and others, e.g. dependent grandparent, living in household who receive more than half their support from parents. \_\_\_\_\_

B. Name and age of dependents. \_\_\_\_\_

C. Number of dependent children, including applicant, as defined above, attending college during academic year 2015-2016 on at least a half time basis. \_\_\_\_\_

D. Based on your 2013 IRS 1040, indicate the custodial parent(s) adjusted gross income. You will receive zero points in this section if this information is not completed. Round the adjusted gross income to the nearest \$100.

\$ \_\_\_\_\_

**If you have extenuating financial circumstances, please explain in 200 words or less on an attached sheet of paper.**

## Year 2015 "Nursing" Application Instructions

**Applicant must use the official Year 2015 "Nursing" application.**

**This is a \$1,000.00, one year scholarship award.**

The student must be accepted for enrollment in a nursing program which, upon completion, qualifies the student to write the licensing examination for registered nurse. If this student is not accepted in a qualifying nursing program, this award is forfeit. Payment will be made directly to the school attended by the student upon receipt of proper enrollment verification.

(NOTE) Scholarships will be honored only for attendance at North Carolina Schools of Nursing.

Experience has shown that the interests of the applicant are advanced and the time of the Committee is conserved by orderly, concise and chronological presentation on paper approximately 8 1/2 x 11, bound neatly at the left side in a 3-hole paper folder which can be procured at any stationery store. Elaborate bindings, clear plastic, and bulky coverings are discouraged. Remove all letters from envelopes and bind the letters flat. Exhibits evidencing notable achievements in scholarship, leadership, athletics, dramatics, community service or other activities may be attached but the applicant should avoid submitting repetitious accounts of the same aptitude. Elaborate presentation is unnecessary. Careless presentation definitely handicaps the applicant. **The bound application and exhibits must not weigh over ten ounces or exceed twenty pages in length.**

It is also recommended that the applicant be in the top 25% of his/her class and be actively involved in nursing related activities.

In addition to the "Memorandum of Required Facts," and the completed counselor's report, which should be in the folder, we suggest as essential details the following, preferably in the order indicated:

1. Applicant will provide transcript of High School Record. **Please have the High School Counselor include your SAT or ACT test scores on the transcript. If these are not available, your G.P.A. will be accepted.**
2. A letter from school principal and/or counselor regarding citizenship, congeniality, leadership ability, attendance, personal grooming, and reliability.
3. One to three letters of endorsement from responsible persons not related to applicant, (other than teachers), who have had an opportunity personally to observe the applicant, and who can give worthwhile opinions of the moral character, industry, purposefulness and general worthiness of the applicant.
4. An essay entitled "Why I want to become a Nurse."
5. Applicant must be a citizen of the United States of America.

**Applications that do not conform substantially to the foregoing requirements should not be endorsed by a subordinate lodge.**

**North Carolina State Elks Association**  
**2015 Nursing Scholarship – Counselor Report**

Applicant: Fill out your name and give this page to your counselor or appropriate school official. This section can be completed by your counselor before you are finished with the application, but must be in a sealed envelope and signed across the seal.

Applicant Name \_\_\_\_\_

Counselor: This form will be used to verify the applicant's academic status, so be sure to provide accurate information. Please include a copy of your school profile, if available, and answer all of the following questions, even if the information is included in the profile. Please secure these items in a sealed envelope, signed across the seal, and give to the student to include with the application. This form will not be returned to the applicant.

This applicant's unweighted grade point average (A=4.0) \_\_\_\_\_

The highest GPA in the graduating class? \_\_\_\_\_

Applicant's highest test scores: ACT \_\_\_\_\_/Date taken \_\_\_\_\_

SAT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_/Date(s) taken \_\_\_\_\_

Does your school offer courses related to the Nursing/Medical field? \_\_\_\_yes \_\_\_\_no

If so, please list them: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant volunteered or taken part in any health related activities, clubs or other organizations at the school? \_\_\_\_yes \_\_\_\_no

How would you describe this applicant's academic program compared with that of other students applying for scholarships?

\_\_\_\_ Below Average \_\_\_\_ Average \_\_\_\_ Above Average \_\_\_\_ Rigorous \_\_\_\_ Most Rigorous

Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

School Phone \_\_\_\_\_ School Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_