

**WOMEN OF THE MOOSE**  
**NURSING SCHOLARSHIP APPLICATION**

**Please include the following in your application package:**

- Completed application  
**All blanks must be completed regardless of the situation to be considered.**
- Official High School transcript in a sealed envelope
- List of High School activities and Community Service

**SUBMISSION INSTRUCTIONS:**

Completed applications should be **MAILED to:**

Mary Lane  
6073 Hopkins Cemetery Road  
Felton, Delaware 19943

Applications returned to the Moose Lodge or hand delivered will NOT be accepted.

**DEADLINE:**

No late entries will be accepted. Applications must be postmarked and received before the deadline of:

4-21-23

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**Full Name of Applicant:**

**Address:**

**Telephone Number:**

**Father's Name:**

**Occupation:**

**Place of Employment:**

**Gross Income:**

**Address if different from applicant:**

**Mother's Name:**

**Occupation:**

**Place of Employment:**

**Gross Income:**

**Address if different from applicant:**

**Number of Brothers and Ages:**

**Number of Sisters and Ages:**

**Rank in Class:**

**Academic Average: A B C**

**Intended Occupation or Major:**

**Have you been accepted to a school or college?**

**If so, please list all:**

**To date have you been awarded any scholarships? Please list all.**

**What plans do you have for financing your education?**

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College you would like to attend:

Will you live on campus, commute, other?

Tuition per year (if known):

Please provide our committee with a short narrative as to why you feel you are deserving of this scholarship.