

NAEVE ALUMNI AND NURSES CLUB SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____ PHONE _____

PARENT'S or SPOUSE _____

HIGH SCHOOL ATTENDED? _____

COLLEGE OR POST-SECONDARY SCHOOL YOU PLAN TO ATTEND OR PRESENTLY
ATTENDING _____

HAVE YOU BEEN ACCEPTED AND WHEN WILL YOU BE ENTERING THIS POST
SECONDARY SCHOOL OR COLLEGE? _____

SPECIFIC HONORS, AWARDS, POSITIONS HELD, ETC.

LIST ALL WORK EXPERIENCES AND VOLUNTEER ACTIVITIES.

DO YOU HAVE FAMILY MEMBERS WHO ARE GRADUATES OF NAEVE SCHOOL OF
NURSING? IF SO, GIVE NAME OF GRADUATE AND YOUR RELATIONSHIP.

On a separate sheet, write a brief summary on why you are pursuing a career as a
registered nurse. Describe some of your career goals.

Attach a comprehensive letter of recommendation from a high school or college
advisor, counselor, teacher or professor.

Please enclose a transcript of your grades and ACT/SAT scores.

ANY INCOMPLETE OR LATE APPLICATIONS (MAILED AFTER APRIL 1, 2025) WILL
NOT BE CONSIDERED OR PROCESSED.

MAIL TO: Naeve Alumni and Nurses Club,
Mary Carstens,
1612 Frank Hall Drive, Albert Lea. MN 56007