

SHINER HIGH SCHOOL

LOCAL SCHOLARSHIP PROGRAM APPLICATION

Judy Schreiber Memorial Nursing Scholarship

QUALITIES TO BE CONSIDERED: Academic achievement; desire to succeed; perseverance and persistence to accomplish goals; community involvement; volunteer work; willingness to return to our community and encourage others to follow your lead; **PLEASE SEE ESSAY ON NEXT PAGE!**

Name: _____

First

Middle

Last

Address: _____

Phone Number: _____ Place of Birth: _____

Father's Name: _____ Father's Occupation: _____

Mother's Name: _____ Mother's Occupation: _____

Names and ages of your siblings: _____

STUDENT'S ACADEMIC STATUS: Please see attached transcript.

Class Rank _____ Number in Class _____ GPA _____

SAT Scores: Evidence-Based Reading & Writing _____ Math _____ Combined _____

ACT Scores: English _____ Math _____ Reading _____ Science _____ Composite _____

Name of the college, university, or trade school that you will be attending next year:

Intended major or area of study: _____

PLEASE BE SURE TO INCLUDE YOUR RESUME AND TRANSCRIPT WITH THIS APPLICATION.

What type of nursing are you interested in completing while enrolled in college?

PLEASE BE SURE TO INCLUDE YOUR RESUME AND TRANSCRIPT WITH THIS APPLICATION.