

Linda J Dews Scholarship for Christian Nurses

SCHOLARSHIP APPLICATION

Qualifications

Anyone wanting to get into the nursing field OR advance their current career in the nursing field.

Includes but is not limited to:

1. Students going into a nursing program
2. Current nurses continuing their education/furthering schooling
3. Adult vocational nursing program students

Application information

Full name:	_____	Date of Birth	_____
	<small>Last First M.I.</small>		
Address:	_____	Phone:	_____
	<small>Street address Apt/Unit #</small>		
	_____	Email:	_____
	<small>City State Zip Code</small>		

Education

High school:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes ☐ No ☐ GPA: _____
College:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes ☐ No ☐ Degree: _____
Other:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes ☐ No ☐ Degree: _____

Nursing
School Name

Nursing
Program Type

Are you currently a full-time student?

Yes ☐ No ☐

Why do you want to become a Nurse?

Do you attend a local church?

Yes ☐ No ☐

Church Name

Do you do volunteer work or serve the
community in any way?

Yes ☐ No ☐

Explanation/Examples:

Please share your personal testimony of faith in Christ

References

Please list 2 professional references

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

IN ADDITION TO THIS APPLICATION:

Please attach a letter of recommendation from your Pastor.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Applications must be submitted by March 1st 2026

Selected recipients will receive scholarship on 5/17/26

RETURN THIS APPLICATION TO:

Pastor Brad Dews
Bdews19@gmail.com

Or Mail to:

Linda Dews Scholarship
10018 Black Diamond Rd
Marshallville OH, 44645