Dear Counselor:

The Elks #2316 Ladies Auxiliary offers two scholarships in the amount of $2,500 each to students who are going into the nursing field.

We have enclosed an application form for those students that are accepted and will be enrolled in an accredited nursing program. All applications must be completed and returned to the address listed in the scholarship form by the deadline of April 15th, 2023. We request that you distribute the application to all students wishing to apply. Copies of the application are acceptable. If there are any questions, please feel free to contact Pat Jackson at 314-435-1824.

Please remit to:

Florissant Elks Ladies Auxiliary
Attn: Scholarship Committee
16400 New Halls Ferry Rd
Florissant, MO 63031

APPLICATION CHECKLIST:

1. All questions are answered on the application
2. Endorsement letters and personal bio
3. Transcript of grades
4. 2021 or 2022 Financial Statement

Please keep in mind that points will be deducted if not completed in full.
NURSING SCHOLARSHIP APPLICATION

1. NAME ____________________________________________

2. ADDRESS ____________________________________________
   CITY __________________ STATE ______ ZIP ______

3. TELEPHONE/S ______________________ OR ______________________

4. DATE OF BIRTH _______________________ AGE ________________

5. SOCIAL SECURITY NUMBER ________________________________

6. MARRIED OR SINGLE ______________________________________

7. CURRENT HIGH SCHOOL OR COLLEGE _________________________

8. CURRENT GRADE POINT AVERAGE ___________________________

9. ATTACH OFFICIAL CURRENT HIGH SCHOOL OR COLLEGE TRANSCRIPT.

10. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL OTHER THAN HIGH
    SCHOOL OR COLLEGE? NO ___ YES ___ SCHOOL ________________________

11. ARE YOU CURRENTLY EMPLOYED? NO ___ YES ___ HOURS/WEEK _____

12. APPLICANT MUST BE ENROLLED IN COLLEGE OR SCHOOL OF NURSING FOR
    THE FALL 2023 SEMESTER.

13. PLEASE ATTACH TO THIS APPLICATION:

    A) A MINIMUM OF THREE (3) LETTERS OF RECOMMENDATION FROM YOUR
        PRESENT HIGH SCHOOL/COLLEGE TEACHERS/ADVISORS OR FROM NON-
        SCHOOL SOURCES (i.e. CLERGY, EMPLOYER, ETC.)
    B) A PERSONAL BIO DESCRIBING YOURSELF AND WHY YOU FEEL YOU
        SHOULD BE AWARDED THE FLORISSANT ELKS LADIES AUXILIARY NURSING
        SCHOLARSHIP

    SINCE THE APPLICANTS ARE NOT PERSONALLY INTERVIEWED, #13 COUNTS
    FOR A POSSIBLE 20 POINTS IN THE JUDGING CRITERIA. POINTS WILL BE
    DEDUCTED IF NOT COMPLETED IN FULL.

In signing this application, I certify that it has been completed in its entirety and to the best of my
knowledge.

SIGNATURE OF APPLICANT ____________________________________________
SCHOLARSHIP APPLICANT’S NAME ________________________________

FAMILY INFORMATION

If applicant is living with parents, the following information is needed:

Father’s name (if single) ____________________________________________

Address __________________________________________________________

City ___________________________ State ________ Zip ________________

Mother’s name (if single) __________________________________________

Address __________________________________________________________

City ___________________________ State ________ Zip ________________

Spouse’s name (if married) _________________________________________

Combined Total Gross Annual Family Income* _________________________

* As reported on current Federal Income Tax Form. A copy of tax return MUST BE ATTACHED OR FAFSA.

If single, and living in parent’s home, list the number of siblings living in the home ______

Number of Applicant’s Dependent Children __________

I certify that the above information is true and correct.

__________________________________________
Applicant’s Signature

__________________________________________
Parent/Spouse Signature

ALL INFORMATION IN THIS STATEMENT SHALL REMAIN CONFIDENTIAL.

RETURN COMPLETED INFORMATION TO:
FLORISSANT ELKS LADIES AUXILIARY
SCHOLARSHIP COMMITTEE
16400 NEW HALLS FERRY RD
FLORISSANT, MO 63031

Please call Pat Jackson at 314-435-1824 with questions.