

**AMVETS NATIONAL SAD SACKS**

**NURSING SCHOLARSHIP APPLICATION**

**May also be used for State and Local Applications**

**Please print: Last name, First, Middle initial**

**Address**

**City, State, Zip**

**Phone with area code**

**Submitted by Sack Unit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_**

**College you plan to attend Phone**

**Address**

**City, State, Zip**

**APPLICANT MUST BE IN SECOND YEAR OF SCHOOL**

**FIRST CONSIDERATION IS THE NEED OF FINANCIAL ASSISTANCE**

**FORM MUST BE FILLED OUT COMPLETELY**

**ANYAPPLICATION THAT HAS BEEN WHITED-OUT OR LINES THROUGH THE**

**WORDING WILL BE DISQUALIFIED BY THE NURSE’S SCHOLARSHIP COMMITTEE**

**ALL QUESTIONS MUST HAVE AN ANSWER ON IT EVEN IF IT IS JUST “N/A”**

List any Grants or Scholarships You will receive and their value.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total Monetary Value of all Scholarships $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Financial Aid you will receive from your family $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Amount you have saved for your education $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Total of any other financial aid you will receive $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Total financial support available (Add Lines 1 thru 4) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are you, as a student, listed as a Dependent on your parents Income Tax Return?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

7. Name of your or your Spouse’s Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7a) Are you a Veteran? Yes\_\_\_\_ No\_\_\_\_\_

7b) Is your Spouse\_\_\_\_\_\_, Father\_\_\_\_\_\_\_, or Mother\_\_\_\_\_\_ a Veteran?

8. List your Adjusted Gross Income from your most recent Federal Income Tax Return

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8a) If Married and Filing Separately, list your spouse’s Adjusted Gross Income

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married\_\_\_\_\_\_\_\_\_ Single\_\_\_\_\_\_\_\_\_\_\_

Living W/Parents\_\_\_\_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_\_\_ Single\_\_\_\_\_\_\_\_\_

Number of Dependents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Age\_\_\_\_\_\_\_\_\_

**FINANCIAL STATEMENT**

**APPLICANTS STATEMENT:**

**In submitting This Application, I hereby certify that, (1) I am in need of this scholarship to continue Nursing School; (2) I will use the proceeds of any scholarship received towards the paying of tuition, required fees, room and board, required materials or books; (3) The information submitted in this application is complete & correct and (4) I agree to inform the committee of any changes in my financial circumstances.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature**

**AGREEMENT:**

**If I am awarded a scholarship from the AMVETS Sad Sacks, it is my intention to complete my nursing education as outlined and to serve as a member of the profession for which I am preparing myself. I agree to repay to AMVETS Sad Sacks all monies paid to me on this scholarship if I do not complete my nursing education & become a “R.N.” and work in the profession, either full or part time, in the year following my Graduation. I understand that this application & all credentials submitted by me, or others in my behalf will remain the property of AMVETS SAD SAKS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature**

**FINANCIAL AID OFFICERS STATEMENT:**

**The Financial Aid Officer Must Sign This Part of the Forn,**

**I have reviewed the information submitted in this application & to the best of my knowledge, it is complete and correct. Particularly, the accuracyof school cost.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School**

AMVETS SAD SACKS

NURSING SCHOLARSHIP

INDICATE HERE YOUR CUMULATIVE G. P. A.

HIGH SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLLEGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.A.T. SCORE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A. C.T. SCORE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HONORS AND AWARDS RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CERTIFICATION

I CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE RULES ESTABLISHED BY AMVETS SAD SACKS SCHOLARSHIP COMMITTEE AND I AM COGNIZANT THAT ALL DECISIONS RENDERED BY THIS COMMITTEE IS FINAL. I FURTHER CONSENT TO AMVETS SAD SACKS THE USE OF PHOTOGRAPHS (OR THE LIKENESS) OR STATEMENTS FOR PUBLICITY PURPOSES.

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS MUST BE RECEIVED BEFORE THE SPRING N. E. S (April 1st).**

MAIL TO

NATIONAL NURSES SCHOLARSHIP CHAIRMAN

Art Majors

1200 ½ Reed Street

Mansfield, OH 44906

OR

AMVETS NATIONAL SAD SACKS

NATIONAL ADMINISTRATIVE DIRECTOR

Michael Davis

PO Box 125

Shepardsville, IN 47880