**APPLICATION**

NEWKIRK-HAYNES NURSING SCHOLARSHIP

First Name Last Name

Residence address

Mailing address

City

State

Postal Zip Code

County: ( )Miller ( ) Morgan

Applicant’s cell phone#

Email Address

High School attend (ing) (ed)

Current school phone #:

Current Cumulative GPA:

Nursing degree sought:

If you have been admitted to a nursing program indicate the College or University:

If not, list your top three choices:

Date you will know for certain whether you will be admitted:

Pg. 2 Newkirk-Haynes Nursing Scholarship

Father’s name:

 Address:

 Phone #:

Mother’s name:

 Address:

 Phone#:

Will Father ( ) Mother ( ) provide any assistance, direct or indirect?

Household income for previous taxable year

How many dependents remain in household

List Names and contact information of two character witnesses (non-relatives): a teacher and a community leader:

List names and contact information of two character witnesses (non-relatives); a teacher and a community leader: \_ \_ \_

(Award is not guaranteed and is competitively awarded to graduates of **Miller and Morgan County** school districts and is based upon academic performance and demonstrated need in the sole discretion of the Trustee and any designated committee. The number and amount of scholarships to be determined by number of qualifying applicants.)

I HEREBY GIVE PERMISSION TO ANY HIGH SCHOOL,COLLEGE OR UNI VERSITY OFFICIAL TO FREELY DISCUSS MY ADMISSION,ACADEMIC STANDING AND PERSONAL ATIRIBUTES WITH THE ADMINISTRATOR OF THIS SCHOLARSHIP WITHOUT LIMITATION OR EXCEPTION.

Date: Applicant Signature:

MAIL SIGNED AND COMPLETED APPLICATION TO:

TRUSTEE

NEWKIRK-HAYNES SCHOLARSHIP P.O. BOX 207

ELDON,MO 65026