

Mae Burford Memorial Nursing Scholarship Scholarship Criteria

1. Recipient to be chosen by a committee composed of the superintendent, school board president, or high school principal.
2. Applicants are limited to persons
 - a. graduating from Potosi High School
 - b. enrolling in a nurses' training program at an accredited institution of higher education or an accredited hospital
3. This scholarship award will be granted upon proof of enrollment.

Date _____

Signature of applicant _____

Mae Burford Memorial Nursing Scholarship

Name _____

Date _____

Address _____

Personal Data:

Gross Annual Family Income:

Date of Birth _____

\$ 0 to \$15,000 _____

in family _____ # in college _____

\$15,001 to \$25,000 _____

\$25,001 to \$40,000 _____

Above \$40,000 _____

Parent/Guardian _____

Address _____

Educational Data:

Class Rank _____ of _____ ACT Composite Score _____ G.P.A (4.0) Scale _____

Total number of days absent during high school career _____

Please list any other information which you feel is pertinent (clubs, awards, community service, etc.):

Name and address of college/university to which you have been accepted:

