



LENA'S LEGACY FOUNDATION NURSING SCHOLARSHIP

Date of Application: _____

PERSONAL INFORMATION

Name of Student:

Home Address:

Name of Parents or Guardians:

Other siblings living in the home, their college if attending:

Gross Family Income (check one): ---- Under \$25,000

---- \$45,000 to \$55,000

----- \$25,000 to \$35,000

----- \$35,000 to \$45,000

----- Over \$55,000



EDUCATIONAL INFORMATION

School:

Cumulative grade point average on a 4.0

scale _____

ACT Score:

Number of times absent this academic year:

Name of College or University you plan to attend

Have you been accepted? _____

What is your educational goal? (Essay reply)

CAREER PLANS

Note: Please prepare your essay responses as attachments to this application.

What do you intend to do after you complete your educational goal? (Essay reply)

Do you feel that attaining your educational goal will make you a better person, and more useful member of society? If so, please explain how. (Essay reply)



STUDENT ACTIVITY SHEET

Please fill out the attached Student Activity Sheet and return them, this application form, and your answers to the above essay questions to the Counseling Department of your school. You may also attach a resume in place of an activity sheet.

STUDENT NAME:

HIGH SCHOOL:

Honors And Awards Explanation:

9th- _____

10th- _____

11th- _____

12th- _____

EXTRA-CURRICULAR AND SPORTS TIME

9th- _____

10th- _____

11th- _____

12th- _____

LEADERSHIP POSITIONS

9th- _____

10th- _____

11th- _____

12th- _____

SCHOOL ACTIVITIES

9th- _____

10th- _____

11th- _____

12th- _____

COMMUNITY ACTIVITIES

9th- _____

10th- _____

11th- _____

12th- _____

LEADERSHIP POSITIONS

9th- _____

10th- _____

11th- _____

12th- _____

VOLUNTEER PROGRAMS TIME

9th- _____

10th- _____

11th- _____

12th- _____

EMPLOYMENT

9th- _____

10th- _____

11th- _____

12th- _____

If you need additional room please photocopy this page.