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APPLICATION FOR

**MARGARET & PARKER SNYDER NURSING SCHOLARSHIP**



Two nursing scholarships will be offered yearly, one to a Celina graduate, and one to a graduate from a Mercer County School. Recipient must be majoring in nursing, a career that was embraced by Margaret Snyder. **Application is due to the Civic Foundation, postmarked by March 14 of the current year.**

Please type or write neatly:

Today's Date: \_\_\_\_\_

**Student Name** \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) - \_\_\_\_\_ E-mail: \_\_\_\_\_

High School attended: \_\_\_\_\_

Current GPA \_\_\_\_ Cumulative GPA \_\_\_\_ ACT Score \_\_\_\_

Have you completed an application for Federal Student Aid (FAFSA)? \_\_\_\_\_

If yes, list your Expected Family Contribution (from upper right corner on SAR form) \$ \_\_\_\_\_

Number of family members currently enrolled at least halftime in college: # \_\_\_\_\_

List any unusual family expenses in the last year: \_\_\_\_\_

\_\_\_\_\_

Will you be working part time in college? \_\_\_\_\_

School/Extracurricular Activities (or you may attach a separate sheet):

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

Employment/Community Activities: \_\_\_\_\_

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

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Estimated School Expenses for 1 year:**

Tuition and fees \_\_\_\_\_  
Books \_\_\_\_\_  
Room and board \_\_\_\_\_  
Other \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

**Estimated Financial Aid for 1 year:**

Grants \_\_\_\_\_  
Scholarships \_\_\_\_\_  
Federal Grant/Pell \_\_\_\_\_  
Stafford Loan \_\_\_\_\_  
Perkins Loan \_\_\_\_\_  
Bank/other Loan \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

- **REFERENCES:**

Attach a reference from a school personnel or a non-family related member.

- **ESSAY:**

Attach a short essay describing your career plans including why you are choosing the field of nursing. Include reasons you believe you are most deserving of this scholarship.

**I certify that all the information above is correct and accurate to the best of my knowledge.**

*Student Signature* \_\_\_\_\_

*Parent Signature* \_\_\_\_\_

**Questions?** Call the Foundation at **419-586-9950** or email **mccf@bright.net**.

Send your application and attached documents, **postmarked or delivered by March 14** to:

**Mercer County Civic Foundation  
PO Box 439 - 119 W. Fulton St.  
Celina, OH 45822**

