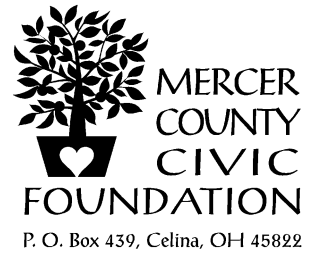


JOHN P. SCHULTE NURSING Scholarship Application
Celina Senior High School



This **\$1,000.00 scholarship** is intended for a Celina graduating senior pursuing a post-secondary major in the field of Nursing. The Foundation Board of Directors will consider both academic standing and financial need. **Applications must be postmarked by March 14th of each year.**

Please type or write neatly:

Today's Date: _____

Student Name _____

Student Address _____

City _____ State _____ Zip _____

Phone (_____-)_____ E-mail: _____

Class Rank: ___ of ___ Current GPA ___ Cumulative GPA _____ ACT Score _____

- (Please include a copy of your high school transcript.)

College/University you plan to attend: _____

Intended Major: _____

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

Father's Name _____

Full Address _____ Phone _____

Employer _____

Mother's Name _____

Full Address _____ Phone _____

Employer _____

Please help us to determine *financial need* by supplying the following:

TOTAL ANNUAL INCOME (most recent year-end) of the family with whom you live: parents, stepparents, your own job, and other adults who are responsible for your support: \$ _____

TOTAL SIZE OF THE PARENT'S HOUSEHOLD during the current school year (include parents, yourself, siblings and other dependents) # _____

NUMBER of family members currently enrolled at least half time in college: # _____

List any UNUSUAL FAMILY EXPENSES this year: _____

(Please continue on to page two.)

Estimated School Expenses next year:

Tuition and fees _____
Books _____
Room and board _____
Other _____
TOTAL _____

Estimated Financial Aid next year:

Parents' Contribution _____
Grants _____
Scholarships _____
Federal Grant/Pell _____
Stafford Loan _____
Perkins Loan _____
Bank/other Loan _____
TOTAL _____

Have you completed an application for Federal Student Aid (FAFSA)? _____ If yes, list your Expected Family Contribution (from upper right corner on SAR form: \$ _____

Will you be working part time in college? _____

200-300 word Essay: What or who influenced your decision to major in a NURSING related field? Why are you the 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 to **mccf@bright.net**

Be sure to include:

- **Application**
- **Essay**
- **School/Extracurricular/Community Activities** (if on separate sheet)
- **Copy of Transcript**

Your completed application and attachments must be **delivered** or **postmarked by March 14** to:

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

