

Santa Clara Woman's Club

www.santaclarawomansclub.org

Mary S. Taylor - Ruth Frey

NURSING SCHOLARSHIP APPLICATION

FULL NAME: _____
(please print)

CURRENT ADDRESS: _____
(street/city/state/zip)

MAILING ADDRESS: _____
(if different from above)

PHONE NUMBER(S): _____ / _____
(home) (cell)

EMAIL ADDRESS: _____

EMPLOYMENT HISTORY (Include Volunteer Work):

COMPANY: _____ / _____
(name/address) (dates)

Supervisor: _____ / _____
(name) (phone number)

COMPANY: _____ / _____
(name/address) (dates)

Supervisor: _____ / _____
(name) (phone number)

COMPANY: _____ / _____
(name/address) (dates)

Supervisor: _____ / _____
(name) (phone number)

PLEASE BRIEFLY DESCRIBE ACTIVITIES, AWARDS, COMMUNITY SERVICE, ETC

OTHER SCHOOLS ATTENDED:

_____/_____/_____
(name/address) year(s) attended (GPA)

_____/_____/_____
(name/address) year(s) attended (GPA)

NAME/ADDRESS OF COLLEGE YOU (PLAN TO) ATTEND:

WHY DO YOU WANT TO BE A NURSE? [continue on reverse]

Mail the completed application, including two (2) letters of recommendation and school transcripts by January 11, 2019, to the following address:

**Santa Clara Woman's Club
Attn: Scholarship Committee - Elena Dewar, Chairperson
P.O. BOX 367
Santa Clara, CA 95052**

Incomplete applications will be not be considered.

Finalists will be contacted for an Interview

***Scholarship payment will be made directly to the college upon confirmation
by the Registrar of enrollment in a Nursing Program***

I certify all statements are true to the best of my knowledge.

_____/_____
(signature) (date)