

SOUTH CAROLINA NURSES FOUNDATION
EVELYN JOHNSON ENTREKIN
SCHOLARSHIP APPLICATION

Please mail completed application, copy of unofficial transcript (*with cumulative GPA*),
and two letters of recommendation to: Chairperson, SCNF Awards Committee,
1821 Gadsden Street, Columbia, SC 29201 Postmark Deadline May 15, 2006

Name:	Social Security Number:
Telephone:	Date of Birth:
Permanent Address (<i>Street, City, State, Zip</i>):	
County:	
Local Mailing Address (<i>not needed if identical to the above address</i>):	
County:	
Are you a legal resident of S. C.? <input type="checkbox"/> Yes <input type="checkbox"/> No How long have you lived in S. C.? _____	

Name of School or College of Nursing attending:
School Address (<i>Street, City, State, Zip</i>):
What is your student status? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
BSN <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Expected Date of Graduation: Month _____ Year _____
List other academic degrees you currently hold:
List current memberships and offices held in professional organizations / student organizations / community activities.
Briefly state your career goals (<i>upon graduation</i>):
Briefly state your career goals (<i>in five years</i>):

Briefly state current financial need:

List other scholarships and financial aid you have received (include year, name & amount of each scholarship and total school expenses for the current academic year. <i>(Attach a separate sheet if necessary).</i>

How will you cover your expenses if this scholarship is not received?

STATEMENT: I verify that the above information is accurate. I agree to obtain an unofficial transcript (<i>with cumulative GPA</i>) and two letters of recommendation about my current student status and academic standing forwarded to SCNF (<i>see attached form</i>).
Signature: _____ Date: _____