SOUTH CAROLINA NURSES FOUNDATION
NURSES CARE SCHOLARSHIP APPLICATION
For *Undergraduate or Graduate Students*

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 (*Street, City, State, Zip*):	
County:	
Local Mailing Address (*not needed if identical to the above address*):	
County:	
Are you a legal resident of S. C.? [ ] Yes [ ] No How long have you lived in S. C.? _____	

Name of School or College of Nursing attending:
School Address (*Street, City, State, Zip*):
What is your student status? [ ] Full-Time [ ] Part-Time
ADN [ ] 1st year [ ] 2nd year BSN [ ] Junior [ ] Senior
Masters [ ] 1st year [ ] 2nd year Doctorate [ ] 1st year [ ] 2nd year
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 (*upon graduation*):
Briefly state your career goals (*in five years*):

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. (*Attach a separate sheet if necessary*).
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 a copy of an unofficial transcript (with cumulative *GPA*), two letters of recommendation about my current student status and academic standing and forward them to SCNF (*see attached form*). I verify that the funds I receive will be used for educational purposes.	
Signature:	**Date:**