

FREEPORT MEMORIAL ALUMNI NURSING
2024-2025
SCHOLARSHIP APPLICATION

The information requested in this application will help the scholarship committee determine your qualifications for a scholarship. Therefore, it is to your advantage to give as complete and accurate answers as possible to all questions.

FILING DEADLINE: June 1, 2024

Applications may be mailed to:

Cheryl Schofield
1003 Longhorn Ct
Freeport, IL 61032

OR

Marilyn Thoren
3304 W. Orangeville Rd
Orangeville, IL 61060

Criteria:

Student must be accepted in a nursing program. Please attach your acceptance letter to this application along with the name and address of the school you will be attending. Attach at least two professional references, as well. The check will be mailed to the school, not the student.

Please print or type clearly. Use extra paper if necessary.

Applicant's name: _____ Telephone : (____) _____

Address: _____ City, State, Zip: _____

Your High School or GED program: _____ High School/GED GPA: _____

1. In a paragraph, write about your educational and vocational goals.

2. Please list and describe your extracurricular and community activities (involvement in the community, including any organizational, civic, or volunteer work).

3. Please list any honors/awards/recognition you have received.

Applicant's signature: _____ Date: _____

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