

Moser Nursing Scholarship Application

Name: _____ Phone: _____

Address: _____

Age: _____ Date of Birth: _____

Father's Occupation: _____ Place of Employment: _____

Mother's Occupation: _____ Place of Employment: _____

College Attending: _____ Major & Degree Sought: _____

Briefly, why do you wish to enter the field of nursing? _____

If you have been awarded financial assistance or other scholarships, please list.

Type of Aid	From Whom	Amount
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_____	_____	_____
_____	_____	_____

We have examined this application and confirm the records are true, complete, and accurate.

_____	_____	_____	_____
Applicant Signature	Date	Parent/Guardian Signature	Date

These signatures are to be affixed prior to forwarding the application.

Moser Nursing Scholarship

1. A scholarship will be granted to a student who aspires to become a Licensed Practical Nurse or Registered Nurse.
2. The \$1,000.00 scholarship will be paid to the chosen school at the time that fees are due.
3. There are no restrictions on the student's choice of hospital or school.
4. Applicants must have notification of acceptance from the school where they plan to enroll prior to consideration for the scholarship.

To be considered, each applicant must include:

- **A three-paragraph summary explaining why you would like to enter the field of nursing, and why you desire this scholarship.**
- **A transcript of your high school grades.**
- **Two letters of recommendation.**
- **Please remit to: N160 State Route 108, Attn. Scholarship Committee, Napoleon, OH 43545.**

5. All components of the application must be postmarked by March 31, 2017 to the Scholarship Committee. The Committee will meet before the end of April to select the recipient. You will be notified of the Committee's decision by mail.