HANOVER ELKS AUXILIARY NURSING SCHOLARSHIP
B.P.O.E 763

This scholarship was established in May 1971 to sponsor a high school student entering either a three or four year nursing program. The amount has been raised from the original $250 to the present $1,000 per student per year. The fund is supported by the proceeds of an annual bingo.

Eligibility Requirement

Any individual who meets the following requirements is eligible:

1. Must live in the service area of the B.P.O.E #763 which includes these High Schools: Bermudian Springs, Biglerville, Delone Catholic, Gettysburg, Hanover, Littlestown, New Oxford, Spring Grove, South Western
2. Has been accepted into and is beginning an accredited nursing program leading to a career as a registered nurse.
3. Criteria for determining award will include:
    a. Academic records
    b. Financial need
    c. Character, leadership abilities ,extra curricular activities
    d. School and community service
    e. Educational and personal goals
    f. Presentation during interview
    g. Extenuating circumstances or special factors
    h. Letters of reference

General Information

1. Two $1,000 scholarships are available
2. Completed application must be returned to Elks Auxiliary no later than April 1st
3. Scholarship recipients will be chosen by May 1st
4. Check will not be issued to scholarship recipient until verification of acceptance and registration for courses has occurred
5. The amount of the award shall be no less than $1,000. A $500 check will be sent in August and the remaining $500 will be mailed in December.

Submit with Application

1. Copy of high school transcript
2. Verification of acceptance in nursing program (photocopy of acceptance letter)
3. Two letters of reference from counselor, teacher, employer, or other professional person (references should be from persons other than relatives or friends of the family who are familiar with your education goals and achievements)
4. Completed application

Mail the required materials to : Carole Baker, 110 Ruth Avenue, Hanover, PA 17331
Phone 717-632-4315

NURSING SCHOLARSHIP APPLICATION
HANOVER ELKS AUXILIARY
B.P.O.E. #763

Please fill out this application carefully by typing or printing the necessary information.

Part I. Personal Data

Name_____
First Middle Last

Address_____
Street City State Zip

Age_____Date of Birth_____Phone_____

Email Address_____

Part II. Education

High School_____

Graduation Date_____GPA_____

List two high school subjects studied which you liked best and reason why.
1. _____ _____

2. _____ _____

Part III. Interest
What are your favorite leisure time activities (hobbies, games, athletics)

1. _____

2. _____

Part IV. Extra Curricular/Community/Volunteer/Church Activities

_____
_____
_____
_____
_____
_____
_____

Part V. Family Background

Father's or Guardian's Name_____
Father's Occupation_____
Father's Employer_____
Mother's or Guardian's Name_____
Mother's Occupation_____
Mother's Employer_____
Number of siblings (children) at home_____
Do parents have financial obligation for any children in college?_____

Part VI. Employment History

List your most recent places of employment

Description of Position Held/Dates From-To/Full or Part Time/Employer

Part VII. Write a brief statement why you are applying for this scholarship including why you wish to enter the nursing profession.

Part VIII. Colleges/Nursing Schools

Applied at Yearly Tuition Accepted?

1._____

2._____

3._____

Part IX. Miscellaneous Information

1. Will you be working while attending nursing school?_____
2. If working while attending nursing school, what is your anticipated income?_____
3. Will you be receiving any other scholarships or grants or financial assistance?___

   a. _____amount_____
   b. _____amount_____
   c. _____amount_____

I certify that the above information is correct to the best of my knowledge.

Signature of Applicant_____Date_____

I have read this application and certify the answers to be correct to the best of my knowledge.

Parent/Guardian Signature_____Date_____

FINANCIAL INFORMATION FORM

Please complete this Financial Information Form and return it with your application. Failure to complete and submit this form will result in disqualification from consideration.

Applicant Name_____

INCOME

1. Using Federal Income Tax Returns for last year, please indicate taxable income for:
   a. Yourself $_____
   b. Your parents or guardians $_____
2. Do you envision significant changes in personal or family income for the current year? Yes_____ No_____ If yes, explain
   _____
   _____
   _____

EXPENSES

State in detail estimated annual expenses necessary to enable you to attend the college/school of your choice.

Tuition	$_____
Books, fees, other supplies	_____
Travel expenses	_____
Living expenses/room & board	_____
TOTAL	$_____