



## Taylor Regional Hospital RN Scholarship Application

Date: \_\_\_\_\_

1. Full Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

4. Name of High School: \_\_\_\_\_ Graduated/GED? \_\_\_\_\_

5. Give information below concerning college you are enrolled in or other schools that you have attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. High School GPA? \_\_\_\_\_ Composite Score: \_\_\_\_\_

*\*Include official transcript of high school and any college grades.*

7. School currently attending: \_\_\_\_\_

On what date did you enter this school? \_\_\_\_\_

On what date (month/year) will you graduate? \_\_\_\_\_

8. Give information below concerning your employment experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have you applied for financial assistance from other sources? \_\_\_\_\_

10. Do you expect to work while attending school? \_\_\_\_\_



11. Please list the names and addresses of three persons (not relatives) you would like to include as references. Please ask each of the three persons to write a letter of recommendation and include them with this application. Please list the three individuals below:

*Name:* \_\_\_\_\_

*Position:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Position:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Position:* \_\_\_\_\_

*Address:* \_\_\_\_\_

12. How did you learn about this scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_