

# Westveer Nursing Scholarship Application

**Amount of Scholarship:** A one-time payment of \$500

**Eligibility for Award:** Minimum high school GPA 3.0 working toward a nursing degree

Name in full: \_\_\_\_\_

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

Length of time you attended Grand Haven High School: \_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_

Your status at the college you plan to attend: Accepted Pending Enrolled (circle one)

What career do you wish to prepare for? \_\_\_\_\_

Explain why you feel qualified for this scholarship on the basis of merit and financial need. (Supply Page 1 of SAR report)

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

Name three teachers who may be asked to recommend you:

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

Additional comments you wish to make: \_\_\_\_\_

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

Furnish an official high school transcript with application.

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Return application to Student Services by Friday, April 20, 2018**