



VOITURE 333 NURSING SCHOLARSHIP AWARD APPLICATION

(Must be typewritten or prir	ted legible.)			
Full name of applicant:				
Complete mailing address:				
Home phone:		Work Phone:		
Date and Place of birth:				
Cumulative Grade Point Av				
SAT Scores: Math	Verbal	Written	Total	
and/or ACT Score				
Name of Institution Attendi	ng:			
Address of Institution:				
			# of dependents:	
Financial Information: Expected Family Contributi Aid" (FAFSA) you will rece				

Aid" (FAFSA) you will receive a Student Aid Report (SAR) which will list your EFC. To find the EFC online, go to <u>www.finaid.org</u>, click on "Calculators" and use "Federal Methodology."

What is your EFC? _____

Estimated cost of one year of college:

Room and board:	
Textbooks:	
Fees:	
Supplies:	
Supplies and equipment:	

TOTAL: _____

Do you have a part time job? If yes, describe:

Briefly describe your school and community activities:

Describe activities that would provide examples of your leadership skills/abilities:

Payment of this scholarship will be in accordance with the financial rules of the institution you are attending.

Certification

If I am selected as a scholarship winner and in consideration thereof, I understand, agree, and hereby grant permission to 40&8 Voiture 333 to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that 40&8 Voiture 333 is solely responsible for the selection of the scholarship winners and the decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to 40&8 Voiture 333 for use in administering my scholarship award. In submitting this application, I certify the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 40&8 Voiture 333 scholarship. I will forward a copy of my college/university transcript for the semester I have received the scholarship funds to the Voiture 333 Nursing Scholarship Directeur listed on this form upon completion of that semester and I will notify the Directeur upon my successful completion of the Nursing Program.

Date:

Student's Signature

If my child is selected as a scholarship winner and in consideration thereof, I understand, agree, and hereby grant permission to 40&8 Voiture 333 to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that 40&8 Voiture 333 is solely responsible for the selection of the scholarship winners and the decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my enrollment status, academic standing and financial need to 40&8 Voiture 333 for use in administering my child's scholarship award. In submitting this application, I certify the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 40&8 Voiture 333 scholarship.

All inquiries should be directed to: Monica George, Directeur Nursing, 660-619-8563.

Recipients will be notified of awarded scholarships at their high school graduation or award ceremony or by letter by July 1 for non-high school applicants.

Completed applications consisting of this form, a high school transcript and a letter from a college or university indicating acceptance into their nursing program should be mailed no later than the first Saturday in April to:

Monica George, Directeur Nursing Voiture 333, 40&8 20610 Butterbaugh Ford Road Sedalia, MO 65301

Please read carefully and follow all eligibility requirements:

Scholarships in various amounts and years will be awarded to eligible students who are currently in or planning to attend a vocational technical college, a university or a college in a program of nursing. The Nursing Scholarship Committee of Voiture 333, 40&8 will determine the recipients of the scholarships. Currently there are two 4-year/\$1000 per year scholarships and two 2-year/\$1000 per year scholarships active with the 2-year scholarships to be reawarded in 2025 and two additional 4-year/\$1000 per year scholarships with four \$500.00 scholarships to be awarded in 2025.

Basis for eligibility:

- 1. Applicant must be enrolled or accepted as a full time student in a vocational technical college, a university or a college in a program of nursing. A letter from the institution must be attached to the application.
- 2. Applicant must be a resident of Benton, Cooper, Henry, Johnson, Lafayette, Morgan, Moniteau, Pettis or Saline Counties in Missouri.
- 3. The scholarship must be used in the following semester after it is awarded.
- 4. The scholarship may be awarded to an eligible student more than once.
- **5.** All recipients of a 40&8 Voiture 333 Nursing Scholarship will provide a copy of his/her transcript every semester until graduation or termination of the nursing program to the Voiture 333 Directeur Nursing.

The scholarship will be paid at the beginning of the student's first semester following award of the scholarship at the institution of higher learning of their choice. **Registrar's certificate of enrollment is required before payment will be made.** A check will be issued to joint payees, the recipient of the Scholarship and Awards Officer or equivalent official at the school.

Please direct questions concerning the scholarship to Monica George, Directeur Nursing, 660-619-8563.

Completed application and supporting documentation should be submitted by the first Saturday in April.