"ROBERTA SMITH NURSING SCHOLARSHIP" APPLICATION FORM

Mailing Address (city/state/zip):	
Telephone Number Student ID #:Y	ear of Birth
Marital Status No. of childrenNo of child Employer:	
High School:	
Location (City/State):	
Diploma/GED/Year:	
Accredited School(s) of Higher Learning Previously Attended:	
School Location (City/State) Dates	
College GPA: Name of accredited school of nursing for registered nurses to and enrolled:	o which you have applied
School Location (City/State) Expected date	of Graduation
Do you now or will you be receiving financial aid? Yes	No
Type:Amou	unt:
What are your areas of financial need? (i.e., tuition, books, tr	•
Have you applied for or received other scholarships? Yes If yes, date(s) and from whom, including the length of time of	
If yes, the amount of the scholarship you received:	

Honors, Awards, Offices held:	
Community interests and activities in v	which you participate:
Date of Application	Signature of Applicant

Your application packet **must** include:

- 1. Completed application form.
- 2. Sealed copy of your most recent transcript (ORIGINAL, Official Transcript with school stamp, school officials' signature or embossed stamp).
- Three (3) signed letters of recommendation from individuals familiar with your abilities and potential for success. At least one letter must be from a teacher or professor.
- A typed narrative of 200 words or less on:
 What prompted you to enter the registered nursing field or to further your nursing education
- 5. **Proof of Washington State residency**. Acceptable proof is a copy of your valid Washington State driver's license. If no driver's license, a copy of your residence's power bill that includes your name on it. If living with your parents, a copy of their power bill that includes the name/address and a signature of parent(s) stating that you are living at that residence.