

# **Nurses Training Scholarship Application**

Voiture

of Grand du Texas

## **Applicant Personal Information**

Applicant Name:	
Home Address:	
City, State, Zip:	
Phone Number:	E-Mail Address:
Student ID#	Marital Status: # of Dependents:
Military Status:	
	Veteran / Spouse / Dependent / Child / Grandchild

### **Academic Information**

#### Notice: To be eligible for a scholarship grant, you must have full-time status as a student.

College Name:	
Major	Credit Hours Earned to Date: Current GPA:
Attachments: See Application Guidelin	es for Nurses Training Scholarships / (Check all that apply)
Photo:	Unofficial copy of Transcripts:
Statement of Career Plans:	Letter(s) of Recommendation (optional)

#### **Authorization Information**

I release to the Grande Voiture du Texas the right to view my current and ongoing personal and academic records and transcripts for scholarship selection. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the request's current fiscal year.

I know my name and information from my academic history is forwarded to the scholarship selection committee(s) and the scholarship donor(s). I permit La Societe des Quarante Hommes et Huit Chevaux (better known as the Forty and Eight) the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, and any press releases, without compensation. I will attend ceremonies and receptions upon request. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I swear or affirm the information submitted above is true and correct.

Student Signature:

Date:		
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