

NAEVE ALUMNI AND NURSE'S CLUB SCHOLARSHIP APPLICATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

PARENT'S NAME _____

HIGH SCHOOL ATTENDED? _____

COLLEGE OR POST-SECONDARY SCHOOL YOU PLAN TO ATTEND OR PRESENTLY ATTENDING _____

HAVE YOU BEEN ACCEPTED AND WHEN WILL YOU BE ENTERING THIS POST SECONDARY SCHOOL OR COLLEGE? _____

SPECIFIC HONORS, AWARDS, POSITIONS HELD, ETC.

LIST ALL WORK EXPERIENCES AND VOLUNTEER ACTIVITIES.

DO YOU HAVE FAMILY MEMBERS WHO ARE GRADUATES OF NAEVE SCHOOL OF NURSING? IF SO, GIVE NAME OF GRADUATE AND YOUR RELATIONSHIP.

ARE YOU OR DO YOU HAVE A RELATIVE WHO IS A VETERAN OR SERVING IN THE ARMED SERVICES? YES _____ NO _____

On a separate sheet, write a brief summary on why you are pursuing a career as a registered nurse. Describe some of your career goals.

Attach a comprehensive letter of recommendation from a high school or college advisor, counselor, teacher or professor.

Please enclose a transcript of your grades and ACT/SAT scores.

ANY INCOMPLETE OR LATE APPLICATIONS (MAILED AFTER APRIL 1, 2019) WILL NOT BE CONSIDERED OR PROCESSED.

MAIL TO: Naeve Alumni and Nurses Club
1612 Frank Hall Drive, Albert Lea. MN 56007