



**AMVETS NATIONAL SAD SACKS
NURSING SCHOLARSHIP APPLICATION**
May also be used for State and Local Applications

Please print: Last name, First, Middle initial

Address

City, State, Zip

Phone with area code

Submitted by Sack Unit # _____ City _____
State _____

College you plan to attend

Phone

Address

City, State, Zip

**APPLICANT MUST BE IN SECOND YEAR OF SCHOOL
FIRST CONSIDERATION IS THE NEED OF FINANCIAL ASSISTANCE
FORM MUST BE FILLED OUT COMPLETELY**

**ANY APPLICATION THAT HAS BEEN WHITED-OUT OR LINES THROUGH THE
WORDING WILL BE DISQUALIFIED BY THE NURSE'S SCHOLARSHIP COMMITTEE
ALL QUESTIONS MUST HAVE AN ANSWER ON IT EVEN IF IT IS JUST "N/A"**

List any Grants or Scholarships You will receive and their value.

1. _____ 2. _____
3. _____ 4. _____

1. Total Monetary Value of all Scholarships \$ _____
2. Financial Aid you will receive from your family \$ _____
3. Amount you have saved for your education \$ _____
4. Total of any other financial aid you will receive \$ _____
5. Total financial support available (Add Lines 1 thru 4) \$ _____

6. Are you, as a student, listed as a Dependent on your parents Income Tax Return?

Yes _____ No _____

7. Name of your or your Spouse's Employer _____

7a) Are you a Veteran? Yes _____ No _____

7b) Is your Spouse _____, Father _____, or Mother _____ a Veteran?

8. List your Adjusted Gross Income from your most recent Federal Income Tax Return

\$ _____

8a) If Married and Filing Separately, list your spouse's Adjusted Gross Income

\$ _____

Married _____ Single _____

Living W/Parents _____ Spouse _____ Single _____

Number of Dependents _____

Your Age _____

FINANCIAL STATEMENT

APPLICANTS STATEMENT:

In submitting This Application, I hereby certify that, (1) I am in need of this scholarship to continue Nursing School; (2) I will use the proceeds of any scholarship received towards the paying of tuition, required fees, room and board, required materials or books; (3) The information submitted in this application is complete & correct and (4) I agree to inform the committee of any changes in my financial circumstances.

Date Signature

AGREEMENT:

If I am awarded a scholarship from the AMVETS Sad Sacks, it is my intention to complete my nursing education as outlined and to serve as a member of the profession for which I am preparing myself. I agree to repay to AMVETS Sad Sacks all monies paid to me on this scholarship if I do not complete my nursing education & become a "R.N." and work in the profession, either full or part time, in the year following my Graduation. I understand that this application & all credentials submitted by me, or others in my behalf will remain the property of AMVETS SAD SAKS.

Date Signature

FINANCIAL AID OFFICERS STATEMENT:

The Financial Aid Officer Must Sign This Part of the Form,

I have reviewed the information submitted in this application & to the best of my knowledge, it is complete and correct. Particularly, the accuracy of school cost.

Date Signature

Print Name

Title

School

AMVETS SAD SACKS
NURSING SCHOLARSHIP

INDICATE HERE YOUR CUMULATIVE G. P. A.

HIGH SCHOOL _____

COLLEGE _____

S.A.T. SCORE _____

A. C.T. SCORE _____

OTHER _____

SPECIFY _____

HONORS AND AWARDS RECEIVED _____

CERTIFICATION

I CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE RULES ESTABLISHED BY AMVETS SAD SACKS SCHOLARSHIP COMMITTEE AND I AM COGNIZANT THAT ALL DECISIONS RENDERED BY THIS COMMITTEE IS FINAL. I FURTHER CONSENT TO AMVETS SAD SACKS THE USE OF PHOTOGRAPHS (OR THE LIKENESS) OR STATEMENTS FOR PUBLICITY PURPOSES.

DATE _____

SIGNATURE _____

THIS MUST BE RECEIVED BEFORE THE SPRING N. E. S (April 1st).

MAIL TO

NATIONAL NURSES SCHOLARSHIP CHAIRMAN

Art Majors

1200 ½ Reed Street

Mansfield, OH 44906

OR

AMVETS NATIONAL SAD SACKS

NATIONAL ADMINISTRATIVE DIRECTOR

Michael Davis

PO Box 125

Shepardsville, IN 47880