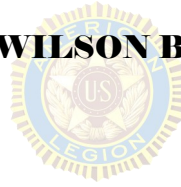


ALEXINE WATERFORD WILSON BEY NURSING SCHOLARSHIP



APPLICATION

APPLICANTS NAME: _____

LAST 4 DIGITS OF SS# & BIRTH DATE: _____

DATE OF APPLICATION: _____

ADDRESS: _____

CITY & STATE & ZIP: _____



DAYTIME TELEPHONE: _____

EVENING TEL: _____

MOBILE TELEPHONE: _____

EMAIL: _____

Nursing School/Location:
(Specify campus if applicable)

Type of Nursing Program:

Associates	Bachelors	Masters	Nurse Practitioner	OTHER (SPECIFY)

Are you currently taking classes?

Circle One	YES	NO
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Will Attend:

Full Time	Part Time	SPECIFY HOURS PER SEMESTER

Classes will begin:

Check One	SUMMER 2008	FALL 2008
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Anticipated date of completion of
Nursing Program:

Month	Year

By signing, I certify that all information included in this application is true. Any falsification of information or failure to attend the program as described in this application will require full refund of any awarded scholarship monies.

Please submit the following documents with your completed application:

1. A personal Letter of Introduction that highlights your academic achievements, community and/or extra curricular activities and your interest and/or experience in Nursing activities
2. Three Letters of Reference from persons not related to you.
3. At least one letter must be from an academic professional from your current program
4. Official school transcript including courses, grades and current GPA
5. If you are not currently attending a nursing or pre-nursing program, please submit a letter of acceptance from the program you will be attending.

APPLICANT SIGNATURE: _____

DATE: _____

If under 18—Legal Guardian Signature: _____

DATE: _____

Application Deadline: January 16, 2011

Completed application and all accompanying documentation must be received by the specified date/time in order to be considered.