

**RE: NURSING SCHOLARSHIP**

Barnes Jewish College Nursing  
and Allied Health  
306 South Kingshighway  
St. Louis, MO 63110

Dear Counselor:

The Elks #2316 Ladies Auxiliary offers two scholarships in the amount of \$2,500 each and one of \$500 to students who are going into the nursing field.

We have enclosed an application form for those students that are accepted and will be enrolled in an accredited nursing program. All applications must be completed and returned to the address listed in the scholarship form by the deadline of March 31st, 2024. We request that you distribute the application to all students wishing to apply. Copies of the application are acceptable. If there are any questions, please feel free to contact Pat Jackson at 314-435-1824.

Please remit to:

Florissant Elks Ladies Auxiliary  
Attn: Scholarship Committee  
16400 New Halls Ferry Rd  
Florissant, MO 63031

**APPLICATION CHECKLIST:**

1. All questions are answered on the application
2. Endorsement letters and personal bio
3. Transcript of grades
4. 2022 or 2023 Financial Statement

Please keep in mind that points will be deducted if not completed in full.

**NURSING SCHOLARSHIP APPLICATION**

1. NAME \_\_\_\_\_
2. ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
3. TELEPHONE/S \_\_\_\_\_ OR \_\_\_\_\_
4. DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_
5. SOCIAL SECURITY NUMBER \_\_\_\_\_
6. MARRIED OR SINGLE \_\_\_\_\_
7. CURRENT HIGH SCHOOL OR COLLEGE \_\_\_\_\_
8. CURRENT GRADE POINT AVERAGE \_\_\_\_\_
9. ATTACH OFFICIAL CURRENT HIGH SCHOOL OR COLLEGE TRANSCRIPT.
10. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL OTHER THAN HIGH SCHOOL OR COLLEGE? NO \_\_\_ YES \_\_\_ SCHOOL \_\_\_\_\_
11. ARE YOU CURRENTLY EMPLOYED? NO \_\_\_ YES \_\_\_ HOURS/WEEK \_\_\_\_\_
12. APPLICANT MUST BE ENROLLED IN COLLEGE OR SCHOOL OF NURSING FOR THE FALL 2024 SEMESTER.
13. PLEASE ATTACH TO THIS APPLICATION:

- A) A MINIMUM OF THREE (3) LETTERS OF RECOMMENDATION FROM YOUR PRESENT HIGH SCHOOL/COLLEGE TEACHERS/ADVISORS OR FROM NON-SCHOOL SOURCES (i.e. CLERGY, EMPLOYER, ETC.)
- B) A PERSONAL BIO DESCRIBING YOURSELF AND WHY YOU FEEL YOU SHOULD BE AWARDED THE FLORISSANT ELKS LADIES AUXILIARY NURSING SCHOLARSHIP

SINCE THE APPLICANTS ARE NOT PERSONALLY INTERVIEWED, #13 COUNTS FOR A POSSIBLE 20 POINTS IN THE JUDGING CRITERIA. POINTS WILL BE DEDUCTED IF NOT COMPLETED IN FULL.

In signing this application, I certify that it has been completed in its entirety and to the best of my knowledge.

SIGNATURE OF APPLICANT \_\_\_\_\_

SCHOLARSHIP APPLICANT'S NAME \_\_\_\_\_

**FAMILY INFORMATION**

**If applicant is living with parents, the following information is needed:**

Father's name (if single) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name (if single) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's name (if married) \_\_\_\_\_

Combined Total Gross Annual Family Income\* \_\_\_\_\_

**\* As reported on current Federal Income Tax Form. A copy of tax return MUST BE ATTACHED OR FAFSA.**

**If single, and living in parent's home, list the number of siblings living in the home \_\_\_\_\_**

**Number of Applicant's Dependent Children \_\_\_\_\_**

**I certify that the above information is true and correct.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Parent/Spouse Signature**

**ALL INFORMATION IN THIS STATEMENT SHALL REMAIN CONFIDENTIAL.**

**RETURN COMPLETED INFORMATION TO:  
FLORISSANT ELKS LADIES AUXILIARY  
SCHOLARSHIP COMMITTEE  
16400 NEW HALLS FERRY RD  
FLORISSANT, MO 63031**

**Please call Pat Jackson at 314-435-1824 with questions.**