

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 three scholarships in the amount of \$2,500 each 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, 2025. 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. 2023 or 2024 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 2025 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.