

**Wisconsin Sackette Nursing Scholarship Application
\$500**

ELIGIBILITY:

1. Applicant must be enrolled at a Nursing School.
2. The candidate must be sponsored by a Sackette Unit.

REQUIREMENTS:

1. The applicant must submit a paper of not more than **300 words** about themselves. It should include past accomplishments, career and educational goals and objectives for the future.
2. Two letters of recommendation, one of which must be the faculty advisor.

APPLICATION PROCESS:

1. All applications for the Wisconsin Sackette Nursing Scholarships must be returned to the local Sackette Unit no later than May 20th. Please make certain that all requirements are met.
2. All applications must be forwarded to the Wisconsin Scholarship Chairman prior to June 10th.

Mail to:

Karen Spittlemeister

725 N. 6th Avenue

Sturgeon Bay, WI 54235

JUDGING:

1. All entries will be judged at the Sackette Wisconsin Department Convention in June by the Sackette Officers.
2. Winners will be notified by the sponsoring Sackette Unit.

LOCAL UNIT # _____

UNIT DUE DATE FOR LOCAL JUDGING _____

UNIT SCHOLARSHIP CHAIRMAN _____

ADDRESS _____



Honor and Fun Organization of AMVETS Ladies Auxiliary

Wisconsin Sackette Scholarship Application

Student Data – Please Print – This form must be filled out completely.

Name _____ Telephone # _____

Last First Middle

Address _____

Street City State Zip code

Source of Support

1. Who contributes the major portion of your support? _____

Name

Relationship _____ Occupation _____ Self Employed _____

Yearly Income _____ Other Income _____

2. What other sources of support do you have? _____

3. Name of Source _____ Amount _____

4. Marital Status – Married _____ Single _____ Dependents _____ Ages _____

5. Brothers _____ Sisters _____ Ages _____ Other _____

6. How many in High School? _____ College? _____ Under School Age? _____

7. Summarize the financial obligations you or your family have which effects the potential contribution to your education. _____

8. Amount of the current tuition \$ _____ yearly or monthly.

9. Are you making applications for scholarships other than this one? _____

10. If yes, describe source – amount – duration _____

11. Have you been notified by any scholarship source that you will receive a scholarship?

For this year? _____ Next year? _____ Source _____ Amount _____

12. List any scholarships, prizes, awards or special achievements _____

APPLICANT'S SIGNATURE _____ Date: _____

Name of School & Location _____

Signature of School Director _____

Submitted Sackette Unit: _____