



**CLARKSBURG LEAGUE FOR SERVICE, INC.
ROSE MARIE GRIMES NURSING SCHOLARSHIP APPLICATION**

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- 1. All applicants must be a resident of Harrison County, West Virginia or have graduated from a Harrison County school; and**
 - 2. Must be enrolled in a nursing program accredited by the State of West Virginia; and**
 - 3. Applicant may not be the child, stepchild, or grandchild of a present or former Clarksburg League for Service member either living or deceased; and**
 - 4. Return application by March 31, 2020.**
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1. Name _____ Date _____
2. Mailing Address _____
_____ E-Mail Address _____
3. Phone No. _____ (H) _____ (W)
4. Date of Birth _____ Marital Status _____
5. Applicant's place of employment _____
6. Are you reimbursed by your employer for educational expenses? Yes _____ No _____
If yes, the amount is _____
7. Guardian/Spouse Name _____
Guardian/Spouse Occupation _____
Guardian/Spouse Address _____
8. List other dependent family members in the same household, their relationship to you, their age(s) and indicate if they are employed full time or are college students.

9. Student currently: Rents _____ Owns home _____ Lives with parents _____ Lives in Dorm _____
10. Are you currently receiving or anticipating other financial aid? Yes _____ No _____
If yes, type and amount _____

11. School and program for which scholarship is requested.
Address _____
12. List schools attended (ninth grade to present).

13. Currently enrolled in _____ (name of program and school)

Expected date of graduation _____ Cumulative Grade Point Average _____

(Please enclose an official transcript.)

14. List any honors awarded in current program.

15. Please identify clearly your special financial need. Describe your income and anticipated expenses for the coming semester. You may add additional pages or categories if necessary.

<u>Income</u>		<u>Expenses</u>	
Family Taxable Income	_____	Tuition & Fees	_____
Child Support	_____	Housing & Board	_____
Grants	_____	Car Payment	_____
Scholarships	_____	Transportation	_____
School Loans	_____	Books & Supplies	_____
Alimony	_____	Personal Expenses	_____
Other	_____	Child Care	_____
		Insurance	_____
		Utilities	_____
		Other	_____

16. Please state any unusual family or personal circumstances you feel warrant the attention of the selection committee.

17. Attach a one page typewritten statement (12 point font, single spaced) describing why you decided to attend a nursing program, any career aspirations you may have, and any other pertinent facts, which make you the best recipient of this scholarship.

18. List three character references including address, phone number and occupation (suggested references- one personal, one school or work, one community or service).

19. I certify that the information contained in this application is complete and accurate to the best of my knowledge. I further certify that I have carefully examined the eligibility requirements at the beginning of this application and satisfy all of the requirements.

(Signature) (Date)

Return your application and required information to: Arissa Smith, 8077 Cost Avenue, Stonewood,

WV 26301 or they can be e-mailed to scholarship@leagueforservice.org. All applications must be postmarked or e-mailed by March 31, 2020.