



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

<b>Today's Date:</b> (MM/DD/YYYY)		<b>Applicant's Date of Birth:</b> (MM/DD/YYYY)	
<b>Applicant's First Name:</b>		<b>Last Name:</b>	<b>Middle Initial:</b>
<b>Phone Number:</b>		<b>Email Address:</b>	
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>How long have you lived at this address?</b>		<b>Are you a Franklin County Resident?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Name of High School Attending:</b>			
<b>High School Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Graduation Date:</b> (MM/DD/YYYY)		<b>Phone Number of High School:</b>	

Please complete the following. Enter **N/A** if not applicable.

<b>Father / Legal Guardian's Name:</b>	<b>Father / Legal Guardian's Address:</b>
<b>Father / Legal Guardian's Employer:</b>	<b>Father / Legal Guardian's Occupation:</b>
<b>Mother / Legal Guardian's Name:</b>	<b>Mother / Legal Guardian's Address:</b>
<b>Mother / Legal Guardian's Employer:</b>	<b>Mother / Legal Guardian's Occupation:</b>
<b>Father / Legal Guardian's 2019 Gross Annual Income:</b>	<b>Mother / Legal Guardian's 2019 Gross Annual Income:</b>
<b>Applicant's 2019 Gross Annual Income:</b>	<b>Applicant's Occupation:</b>
<b>Applicant's Employer:</b>	<b>Applicant's Typical Schedule:</b> (ex: 12 hours/week)

Gross Annual Income is the amount before taxes. We reserve the right to request copies of W-2's to verify gross annual income.

Please list siblings or others dependent on family income.

Provide Name, age, grade and school attending (or occupation, if applicable), with each person being listed on a separate line below.

Name	Relationship	Age	Grade	School Attending (or Occupation)



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

Please type or print your responses to the following questions. Use additional paper if necessary.

- Briefly describe your long-term and short-term goals, including the number of years of schooling anticipated to attain these goals.** (Your written statement is very important in the scholarship award decision.)

- List and give dates of all academic achievements, activities, civic honors, awards, &/or work experiences you have received/participated in during high school. Be sure to include leadership roles, if applicable. Make additional copies if needed.**

Circle Grade Level Below	Activity/Award <i>(ex: Student of the Month, Sept. 2016)</i> <i>(ex: Greyhound Varsity Football, quarterback, Lettered 10, 11 &amp; 12 grades)</i> <i>(ex: Part time Employee-drive through order taker)</i>	Group/Team <i>(ex: Lunchtime Lions Club)</i> <i>(ex: Team Captain)</i> <i>(ex: McDonald's of Chambersburg)</i>
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

**3. List in order of Personal Preference - the names of academic institutions to which you have applied & the name of the program or degree anticipated. Indicate if you have been accepted; rejected or pending acceptance into their program.**

Name of Academic Institution	Degree Anticipated	Accepted; Rejected; Pending Acceptance?
1		
2		
3		

**4. List all other scholarships you have applied for.**

Scholarship Name	Received	Dollar Amount
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$

**5. Using the chart below, itemize your anticipated annual expenses:**

Category	Estimated Cost
Tuition	\$
Room and Board	\$
Textbooks	\$
Transportation	\$
Other (list)	\$
<b>TOTAL</b>	\$

**6. 2020 Estimated Gross Annual Income:**

<b>FAMILY \$</b>	<b>APPLICANT \$</b>
------------------	---------------------

**7. Did you complete FAFSA? If so, what is the Applicant's Estimated Family Contribution (EFC), after completing FAFSA:**

___ YES    ___ NO    ___ PENDING	<b>My FAFSA Estimated Family Contribution (EFC) is \$</b>
----------------------------------	---



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

Please utilize this page if more space is needed to answer previous pages. Otherwise, this page has been intentionally left blank.



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

<b>Applicant Name:</b>	<i>Guidance Submission Page 1 of 3</i>
------------------------	--

### NURSING SCHOLARSHIP REFERENCE

#### TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

Name of High School:			
Street Address:			
City:	State:	Zip:	
Applicant's Career Goals:			
H.S. Graduation Date:		Cumulative Class Rank:	
Cumulative GPA:		Total H.S. Class Size:	

**Attendance Information:**

Current School Year:	# Days Absent:	# Days Tardy:
Previous School Year:	# Days Absent:	# Days Tardy:

**Test Score Information:**

SAT:	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
ACT:	Composite:			Date:

The above listed student is applying for a scholarship toward higher education in the field of Nursing. Please assist by providing the following information, in addition to an **Official High School Transcript**.

**1. Describe your relationship with this applicant.**



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

**Guidance Submission**

**Page 2 of 3**

**2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a health career program:**

**A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.**

**B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.**

**C. Why do you feel this applicant would be successful in the health care field?**



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

**Guidance Submission**

**Page 3 of 3**

**D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.**

*The information I provided is accurate and true, to the best of my knowledge.*

<b>H.S. Guidance Counselor Signature :</b>	<b>Printed Name:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**GUIDANCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope, along with an official copy of the student's transcript.**

**Deadline for the applicant's completed application to be considered, it must be submitted in person to Franklin County Government by 4:30 PM, by March 26, 2020 in its entirety.**

**Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Human Resources at 717-261-3150, x 21112, between the hours of 8:30AM - 4:30 PM. Thank You!**



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

Please utilize this page if more space is needed to answer previous pages. Otherwise, this page has been intentionally left blank.







# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

*First Reference Submission*

*Page 2 of 3*

**B. Describe the applicant's level of maturity, reliability, ability to deal with new situations, etc.**

**C. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.**

**D. Why do you feel this applicant would be successful in the health care field?**



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

*First Reference Submission*

*Page 3 of 3*

**E. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.**

*The information I provided is accurate and true, to the best of my knowledge.*

**Signature:**

**Printed Name:**

**Email Address:**

**Phone Number:**

**REFERENCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope.**

**Deadline for the applicant's completed application to be considered, it must be postmarked or submitted in person to Franklin County Government by 4:30 PM, by March 26, 2020 in its entirety.**

**Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Human Resources at 717-261-3150, x 21112, between the hours of 8:30AM - 4:30 PM.**

**Thank You!**



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

Please utilize this page if more space is needed to answer previous pages. Otherwise, this page has been intentionally left blank.





# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

*Second Reference Submission*

*Page 2 of 3*

**B. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.**

**C. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.**

**D. Why do you feel this applicant would be successful in the health care field?**



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

**Applicant Name:**

*Second Reference Submission*

*Page 3 of 3*

**E. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.**

*The information I provided is accurate and true, to the best of my knowledge.*

<b>Signature:</b>	<b>Printed Name:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**REFERENCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope. Deadline for the applicant's completed application to be considered, it must be postmarked or submitted in person to Franklin County Government by 4:30 PM, by March 26, 2020 in its entirety.**

*Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Human Resources at 717-261-3150, x 21112, between the hours of 8:30AM - 4:30 PM. Thank You!*



# Franklin County Government

## Nursing Scholarship

# STUDENT APPLICATION

---

---

**Applicant Name:**

Please utilize this page if more space is needed to answer previous pages. Otherwise, this page has been intentionally left blank.