



**AMVETS NATIONAL SAD SACKS
NURSING SCHOLARSHIP APPLICATION**
May also be used for State and Local Applications

Please print: Last name, First, Middle initial

Address

City, State, Zip

Phone with area code

Submitted by Unit # _____ City _____ State _____

College you plan to attend

Phone

Address

City, State, Zip

Revised 10/01/2014

**APPLICANT MUST BE IN SECOND YEAR OF SCHOOL
FIRST CONSIDERATION IS THE NEED OF FINANCIAL ASSISTANCE
FORM MUST BE FILLED OUT COMPLETELY**

**ANY APPLICATION THAT HAS BEEN WHITED-OUT OR LINES THROUGH THE
WORDING WILL BE DISQUALIFIED BY THE NURSE'S SCHOLARSHIP COMMITTEE
ALL QUESTIONS MUST HAVE AN ANSWER ON IT EVEN IF IT IS JUST "N/A"**

List any Grants or Scholarships You will receive and their value.

1. _____ 2. _____
3. _____ 4. _____

1. Total Monetary Value of all Scholarships \$ _____
2. Financial Aid you will receive from your family \$ _____
3. Amount you have saved for your education \$ _____
4. Total of any other financial aid you will receive \$ _____
5. Total financial support available (Add Lines 1 thru 4) \$ _____

6. Are you, as a student, listed as a Dependent on your parents Income Tax Return?

Yes _____ No _____

7. Name of your or your Spouse's Employer _____

7a) Are you a Veteran? Yes _____ No _____

7b) Is your Spouse _____, Father _____, or Mother _____ a Veteran?

8. List your Adjusted Gross Income from your most recent Federal Income Tax Return

\$ _____

8a) If Married and Filing Separately, list your spouse's Adjusted Gross Income

\$ _____

Married _____ Single _____

Living W/Parents _____ Spouse _____ Single _____

Number of Dependents _____

Your Age _____

FINANCIAL STATEMENT

APPLICANTS STATEMENT:

In submitting This Application, I hereby certify that, (1) I am in need of this scholarship to continue Nursing School; (2) I will use the proceeds of any scholarship received towards the paying of tuition, required fees, room and board, required materials or books; (3) The information submitted in this application is complete & correct and (4) I agree to inform the committee of any changes in my financial circumstances.

AGREEMENT:

If I am awarded a scholarship from the AMVETS Sad Sacks, it is my intention to complete my nursing education as outlined and to serve as a member of the profession for which I am preparing myself. I agree to repay to AMVETS Sad Sacks all monies paid to me on this scholarship if I do not complete my nursing education & become a "R.N." and work in the profession, either full or part time, in the year following my Graduation. I understand that this application & all credentials submitted by me, or others in my behalf will remain the property of AMVETS SAD SAKS.

FINANCIAL AID OFFICERS STATEMENT:

The Financial Aid Officer Must Sign This Part of the Form,

I have reviewed the information submitted in this application & to the best of my knowledge, it is complete and correct. Particularly, the accuracy of school cost.

**AMVETS SAD SACKS
NURSING SCHOLARSHIP**

INDICATE HERE YOUR CUMULATIVE G. P. A.

HIGH SCHOOL _____

COLLEGE _____

S.A.T. SCORE _____

A. C.T. SCORE _____

OTHER _____

SPECIFY _____

HONORS AND AWARDS RECEIVED _____

CERTIFICATION

I CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE RULES ESTABLISHED BY AMVETS SAD SACKS SCHOLARSHIP COMMITTEE AND I AM COGNIZANT THAT ALL DECISIONS RENDERED BY THIS COMMITTEE IS FINAL. I FURTHER CONSENT TO AMVETS SAD SACKS THE USE OF PHOTOGRAPHS (OR THE LIKENESS) OR STATEMENTS FOR PUBLICITY PURPOSES.

DATE _____

SIGNATURE _____

THIS MUST BE RECEIVED BEFORE THE SPRING N. E. S (April 1st).

MAIL TO

NATIONAL NURSES SCHOLARSHIP CHAIRMAN

Art Majors

1200 ½ Reed Street

Mansfield, OH 44906

OR

AMVETS NATIONAL SAD SACKS

NATIONAL ADMINISTRATIVE DIRECTOR

Michael Davis

PO Box 125

Shepardsville, IN 47880