

SCHOLARSHIP APPLICATION FORM

American Nursing Support Scholarship



Personal Information

Please attach a passport style picture of yourself to this application for publicity purposes.

Name _____

Hospital / Clinic / Employer _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Educational Program Enrolled _____

Intended Use After Completion _____

Achievement

Please provide the following information *at minimum* to illustrate your accomplishments.

Current Degrees _____ License Type _____

Career / Specialty _____

Other Career Achievements _____

Field of Study Interests _____

Circumstances

Please list any circumstances which may affect your ability to pay for your education _____

Please share how you use your skills and education to serve your patients and your community _____

I certify the information provided in this application is accurate and complete to the best of my knowledge. I understand that incomplete or late applications will not be considered for this award and falsification of any information will result in termination of any scholarship granted. I understand a failure to provide the complete materials required for qualification as listed in the scholarship rules online may disqualify the applicant from being considered. In the event I receive the Lawsuit Legal Scholarship, I permit Lawsuit Legal to use the video, name and likeness in publicity materials relating to the award.

Signature of Applicant _____ Date _____