

**The Bette King Memorial Scholarship**  
**STUDENT APPLICATION FORM**

**\*\*\*\*IMPORTANT\*\*\*\***

***All information to be directly delivered to the guidance counselor***

Date of Application\_\_\_\_\_

Full Name:\_\_\_\_\_

(First)

(Middle)

(Last)

Home Address:\_\_\_\_\_

Phone:\_\_\_\_\_ Grade Point Average:\_\_\_\_\_

In what extra-curricular activities did you participate? (Include both in-school activities and volunteer activities outside of school):

Have you applied for Admission?\_\_\_\_\_ Have you been accepted?\_\_\_\_\_

Name of College or University you plan to attend:\_\_\_\_\_

Intended field of study:\_\_\_\_\_

Have you applied for other scholarships?\_\_\_\_\_ Have you been granted a scholarship?\_\_\_\_\_

If so, name of scholarship(s) and amount. \_\_\_\_\_

**Eligibility:**

- 1. Candidates will be limited to graduating high school seniors.***
- 2. Candidates must have been accepted into a 2 or 4 year program at a college or university.***
- 3. Candidate's field of study must be in a curriculum leading to a degree in nursing or medical field.***
- 4. Candidate must attach a Personal Statement, which includes their comments on how their field of study will lead to a degree in nursing or medical field.***
- 5. All completed applications must be returned to the Guidance Office. Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship***

Signature of Applicant\_\_\_\_\_ Date:\_\_\_\_\_

## PARENT APPLICATION FORM

Name of parent or guardian completing this form: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Do you have dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:

Please note below any statements you may wish to make which will assist the Scholarship Selection Committee in consideration of the applicant:

I hereby certify that the above statements are correct.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE OF INFORMATION

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_