



National Conclave of Grady Graduate Nurses, Inc.



Atlanta Chapter
P.O.Box 160263
Atlanta, Ga. 30306

Photocopies of this application are acceptable Type or use black ink only Pencil is not acceptable

APPLICANT MUST ENSURE THE FOLLOWING:

- Applicant must be present at the scholarship award ceremony to receive the scholarship award.
Submit the most recent transcript directly from the registrar's office to the Committee at the stated address.
Provide financial data from respective College/University or School of Nursing.
Photograph of Applicant is attached in space provided.
Letter from the applicant ("Why I want to be a Nurse").
All information and Application must reach the Committee by Deadline of March 31, 2021.
Do not leave any blank space, if not applicable insert (N/A)
Mail completed application to:
National Conclave of Grady Graduate Nurses, Inc.
Scholarship Committee
P.O. Box 160263
Atlanta, GA 30316

Eligibility Criteria: (Check One)

African American African (Naturalized) Other Specify

I. APPLICANT

- A. Name: (First) (Last) (MI)
B. Address:
City: State: Zip:
Home Phone: Email: Cell:
Do you live on campus? Yes No
C. Date of Birth: Place of Birth:
D. Check one: Single Married Divorced Widowed Separated
E. Number of children dependent on you/spouse:
F. Are you a citizen of the United States? Yes No
G. If no, are you a permanent resident of the United States? Yes No

II. Character References: (Give names and addresses of two persons, not your relatives).

- A. (Name) (Address) (Relationship)
B. (Name) (Address) (Relationship)

III. EDUCATION

A. Name of College/University	Address	Year (s) of Attendance	Degree/Diploma
--------------------------------------	----------------	-------------------------------	-----------------------

B. Current Student Classification:

JUNIOR SENIOR

IV. EMPLOYMENT STATUS

A. Are you presently employed? Yes No. If yes: Full Time? Part Time.

B. Type of Work/Job Title:

V. EXTRA-CURRICULAR ACTIVITIES

A. List the Clubs and/or Organizations to which you belong (current or previous

B. List Honorary Societies to which you belong:

C. List office(s) held in any Clubs and or Organizations:

D. List all awards, Honors or Citations received

E. List any Sorority/Fraternity to which you belong

VI. FINANCIAL STATUS

A. Are you currently receiving financial assistance? Yes No

B. If yes, please complete:

<u>Name of Grant/Loan</u>	<u>Name of Scholarship</u>
1.	1.
2.	2.
3.	3.

C. Attach any pertinent information that would be helpful in assessing your financial need for this scholarship.

I certify that the information provided is true to the best of my knowledge.

Signature of applicant

Month/ Date/ Year

