APPLICATION FOR NURSING SCHOLARSHIP

Department of Texas VFW Auxiliary 2019-2020

Please type or print:	,	*
Name	Date of	Birth
AMERICAN CITIZEN: YES	OR NO (PLEASE CIRCLE)	
CURRENT ADDRESS		
TELEPHONE	EMAIL	
Next of kin name and address_		
High School and location		
		GPA (attach transcript)
Location		
Degree you are seeking: Associ	ate, BSN, MSN, other (specify) please circle
Dean of Nursing School	Telepho	ne Number
Clinical Instructor	Telepho	one number
Are you a member of a Nursing	Association? If yes, which one?	
- •	rcle) If so Whom and which auxili	erans of Foreign Wars to enter this Scholarship lary?
1 COMPLETED APPLICATION	REQUIRED DOCUME ON 2. CURRENT TRANSCRI	
	MMENDATION (From clinical in aced) explaining "Why I chose a	Nursing Career and what impact will this
have on Veterans and their Fa	, , ,	•
Applications must be postmar	ked no later than MAY 1 ^{ST,} 202	0 and mailed to
Program Chairman Vivian Jo	hnson 106 Watts Lane Canyon	Lake TX 78133
LAT	TE APPLICATIONS WILL NO	T RE ACCEPTED

www.texasvfwaux.org
Forms - Other Forms - Applications