

CHARLES COUNTY COMMISSIONERS

2009 NURSING/ALLIED HEALTH SCHOLARSHIP APPLICATION

(Please Type or Print)

Name: _____ Date of Application: _____

Address: _____

Phone #: Home _____ Work _____ Cell _____

Email Address: _____ SS#: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

If applicant is married:

- 1) Total size of household for 2009 _____
- 2) How many will be in college in 2009 _____
- 3) How many dependent children does applicant have? _____

If applicant is not married and dependent on parents:

- 1) Parents' marital status: Married _____ Divorced _____ Separated _____ Single _____ Widowed _____
- 2) Total size of parents' household for 2009 _____
- 3) How many in household will be in college in 2009? _____

If applicant is single and independent, what is expected income for 2009? _____

If applicant is dependent on parents, what was parents' **combined** income for 2008? _____
 Father \$ _____ Mother \$ _____

If applicant is married, what is expected **combined** income for 2009? _____
 Applicant \$ _____ Spouse \$ _____

EDUCATIONAL EXPERIENCE

High School: _____ Years attended: _____

Special courses and/or higher education, if any: _____

Are you currently enrolled in the RNStat Program? _____ What field are you interested? _____

Have you applied to a college or university, if so where? _____

Have you been accepted to the college or university? _____

Have you been accepted into the clinical portion of your field of study? _____

Name of School: _____

Address of School: _____

Work Experience

Dates (To & From)	Employer Name, Address & Phone #	Position Title

