

# CHARLES COUNTY COMMISSIONERS

## 2008 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 2008 \_\_\_\_\_
- 2) How many will be in college in 2008 \_\_\_\_\_
- 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 2008 \_\_\_\_\_
- 3) How many in household will be in college in 2008? \_\_\_\_\_

If applicant is single and independent, what is expected income for 2008? \_\_\_\_\_

If applicant is dependent on parents, what was parents' **combined** income for 2007?  
 Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_

If applicant is married, what is expected **combined** income for 2008?  
 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

