

ST. JAMES SCHOOL OF NURSING ALUMNI
100TH ANNIVERSARY COMMEMORATIVE SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

SOCIAL SECURITY# _____

MT. TECH. STUDENT ID: _____

PLEASE WRITE A 300 WORD ESSAY ON:

WHY WOULD RECEIVING THIS SCHOLARSHIP BE IMPORTANT TO YOU?

ATTACH ADDITIONAL SHEETS IF NECESSARY.

SIGNATURE: _____

PLEASE ALSO ATTACH:

1. RECENT PICTURE, 2. THREE LETTERS OF REFERENCE, AND A MOST RECENT TRANSCRIPT.