



Nursing Scholarship Application

Please complete this Nursing Scholarship Application and submit to Professional Recruitment and Retention located at 420 East Second Ave., Suite 104, Rome, GA 30161 or fax to 706.509.4515. To accompany this form, please submit:

- School transcripts that indicate your academic performance.
- Acceptance letter from an educational institution nursing program.
- At least one letter of recommendation.

Personal Information:

Name: _____ Social Security Number: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Date of Birth: _____

Nursing School:

Name: _____ Acceptance Date: _____

Address: _____ Expected Graduation Date: _____

College/University:

Name: _____ Degree Attained: _____

Date(s) Attended: _____ Graduation Date: _____ GPA: _____

Name: _____ Degree Attained: _____

Date(s) Attended: _____ Graduation Date: _____ GPA: _____

Name: _____ Degree Attained: _____

Date(s) Attended: _____ Graduation Date: _____ GPA: _____

Have you been enrolled in any other vocational, trade or professional schools?
If so, please list them below:

High School:

Name: _____ Degree Attained: _____

Address: _____ Graduation Date: _____ GPA: _____

Employment Background:

Employer: _____

Dates of Employment: _____ to _____

Address: _____

Description of Duties: _____

Employer: _____

Dates of Employment: _____ to _____

Address: _____

Description of Duties: _____

Employer: _____

Dates of Employment: _____ to _____

Address: _____

Description of Duties: _____

Involvement/Accomplishments:

Please list memberships or affiliations with any professional, civic or volunteer groups:

Please list awards, scholarships or honors you have received:

**Have you applied for other scholarships or employee tuition reimbursement programs?
If so, please list and explain.**

Essays:

In separate documents, please answer the following two questions with a short two to three paragraph response and submit along with this application.

- 1. What are your short- and long-term health care career goals?**
- 2. How would receiving Floyd's Nursing Scholarship assist you in achieving your personal and professional goals?**

Understanding of Floyd's Nursing Scholarship:

The above statements are true to the best of my knowledge. I understand that any scholarship awarded to me may be revoked if any statement(s) is found to be false. I understand that if I am awarded a scholarship, I would be rewarded with a check for \$1,500.00 made payable to me for each quarter/semester attended, not to exceed \$3,000.00 in a year, and that I will be required to sign a contract agreeing to work for Floyd or pay back the scholarship upon graduation.

I understand that my academic records will be evaluated by Floyd after completion of each semester to ensure academic standards are met to maintain the scholarship. If I do not meet the required academic standards, I understand this scholarship will be revoked and I will need to begin paying back the received scholarship amount. I understand that any scholarship awarded to me and the amount awarded is subject to the availability of funds.

Date

Signature