

**Loraine Lambert Memorial Nursing Scholarship  
Application Form**

1. Name \_\_\_\_\_

2. Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_ ext. \_\_\_\_\_

4. Financial Aid:

a. Have you applied for, or are you currently receiving any form of financial aid? Please list sources below (use back of application or separate sheet of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Are there extenuating circumstances that place you in a position of financial need at this time? Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. If you live independently (not supported by parents), what is your annual combined household income? (If married, be sure to include both incomes).

\_\_\_\_\_

5. Please describe your current citizenship status or permanent residency status if you are not a United States citizen.

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\_\_\_\_\_

\_\_\_\_\_

6. High School where you graduated \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Class Year \_\_\_\_\_

If you did not graduate, i.e. received GED, describe your educational progress to date (use back of application or separate sheet of paper if necessary).

7. Employment Status

If you are employed, please complete the following:

a. I am employed by \_\_\_\_\_. My position is \_\_\_\_\_, part time \_\_\_\_\_, full time \_\_\_\_\_.

Company address \_\_\_\_\_, City \_\_\_\_\_,

State \_\_\_\_\_, Zip \_\_\_\_\_ Name of immediate supervisor \_\_\_\_\_

b. Most recent position prior to above position: Employer \_\_\_\_\_, my position was \_\_\_\_\_.

Company address \_\_\_\_\_, City \_\_\_\_\_,

State \_\_\_\_\_, Zip \_\_\_\_\_, part time \_\_\_\_\_, full time \_\_\_\_\_.

8. Please explain why you wish to pursue a career in the field of Nursing.

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9. What life experiences have you had that have influenced you toward the field of Nursing?

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10. What short range and long range goals do you have related to the field of Nursing or Health?

Short Range Goals (1-5 years)

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Long Range Goals (5-20 years)

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11. Attach three letters of recommendation using Loraine Lambert Letter of Recommendation Forms.

**DEADLINE FOR RECEIPT OF ALL APPLICATION MATERIALS  
IS APRIL 1 OR BEFORE AND SHOULD BE SUBMITTED TO  
KEWANEE HIGH SCHOOL OFFICE OR COUNSELOR'S OFFICE!**