

North Carolina State Elks Association
2018 Nursing Scholarship – Counselor Report

Applicant: Fill out your name and give this page to your counselor or appropriate school official. This section can be completed by your counselor before you are finished with the application, but must be in a sealed envelope and signed across the seal.

Applicant Name _____

Counselor: This form will be used to verify the applicant's academic status, so be sure to provide accurate information. Please include a copy of your school profile, if available, and answer all of the following questions, even if the information is included in the profile. Please secure these items in a sealed envelope, signed across the seal, and give to the student to include with the application. This form will not be returned to the applicant.

This applicant's unweighted grade point average (A=4.0) _____

The highest GPA in the graduating class? _____

Applicant's highest test scores: ACT _____/Date taken _____

SAT Critical Reading _____ Math _____/Date(s) taken _____

Does your school offer courses related to the Nursing/Medical field? ____yes ____no

If so, please list them: _____

Has the applicant volunteered or taken part in any health related activities, clubs or other organizations at the school? ____yes ____no

How would you describe this applicant's academic program compared with that of other students applying for scholarships?

___ Below Average ___ Average ___ Above Average ___ Rigorous ___ Most Rigorous

Name (please print) _____ Position _____

School Phone _____ School Email _____

Signature _____ Date _____