

NORTH CAROLINA STATE ELKS ASSOCIATION

Year 2024 "Nursing" Scholarship Competition

Applications open **September 4, 2023**. Application must be filed with the Lodge of jurisdiction on or **before December 8, 2023**. After verification, the Lodge must file the application **by January 5, 2024** with the Chairman of the State Scholarship Committee for judging. If selected, the applicant will be notified by the state chairman no later than **February 28, 2024**. **NOTE: APPLICATION SHOULD BE TYPED, WRITTEN IN BLACK INK OR #2 PENCIL.**

Memorandum of Required Facts

Student's Full Name _____

Social Security Number: _____ - _____ - _____

Telephone: Home: _____

E-Mail: _____

Mobile: _____

Student's Address _____
Street City State Zip

Date and Place of Birth ____/____/____
City County State

High Schools attended (ninth through twelfth grades)

Name of School Dates Attended

Name of School Dates Attended

Graduation Date _____ Class Rank _____ Number of students in class _____

Date: _____ Signed by _____ (Student)

Date: _____ Signed by _____ (Mother/Stepmother)

Date: _____ Signed by _____ (Father/Stepfather)

Positions held in gainful **employment**, grades 9-12: List duration and total number of hours worked.

Any additional data to show financial need. Be specific. _____

Does your High School have a formal nursing program? _____ Yes _____ No.

If yes, did you participate _____ Yes _____ No Name of program? _____

Name of institution you have applied or have been accepted, for enrollment in a nursing program.

State other applications you have made for Nursing scholarship aid. Give details.

Have you been granted Nursing scholarship aid? _____ If so, give details.

Have you reason to expect Nursing scholarship aid from any other source? _____ If so, give details.

Use a separate sheet of paper to list the following HEALTH CARE/VOLUNTEER ACTIVITIES you participated in: (Please indicate dates and whether employed or volunteer.)

PARTICIPATION IN COMMUNITY NURSING RELATED ACTIVITIES:
NAME & APPROXIMATE HOURS (SUCH AS):

1. Hospital/Medical Center.
2. Nursing Homes or Retirement Centers.
3. Blood Drives.
4. Medical Explorers Scout.

AWARDS & HONORS, GRADES 9-12:

Such as: State/National Conference Attendee, National Merit Finalist, Sports/Academic Awards, etc.

MEMBERSHIPS/CERTIFICATIONS (SUCH AS):

1. HOSA.
2. CNA.
3. CPR Certification
4. First Aid Certification

LEADERSHIP, GRADES 9-12:

Such as: Class/Student Body President, Eagle Scout, Girl Scout Gold, Class Officer, Team Captain, Band Chair, President of Club, Officer of Club, etc.

VOLUNTEER ACTIVITIES: NAME & APPROXIMATE HOURS

OTHER than health related activities above, e.g., food drives, animal shelter, toy drive, etc.

Parental Financial Analysis

(Based on 2023 IRS 1040.)

Father's Name ☐
Stepfather's Name ☐ Age: _____ Occupation: _____
Mother's Name ☐
Stepmother's Name ☐ Age: _____ Occupation: _____

Custodial Parent's marital status as of today (choose one):

Mother: Married ☐ Single ☐ Widowed ☐ Divorced ☐ Remarried** ☐ Separated ☐
Father: Married ☐ Single ☐ Widowed ☐ Divorced ☐ Remarried** ☐ Separated ☐

** Please include stepparent's income in the appropriate section.

Whenever the word "parent" (mother or father) is used, it also means "stepparent."

With whom does applicant make his or her permanent home? ___Mother ___Father ___Both ___Other _____

A. Number of people in family, not including parents, who will receive the majority of parental support between Sept. 1, 2023 and Aug. 31, 2024. Include dependent children and others, e.g. dependent grandparent, living in household who receive more than half their support from parents. _____

B. Name and age of dependents. _____

C. Number of dependent children, including applicant, as defined above, attending college during academic year 2023-2024 on at least a half time basis. _____

D. Based on your 2023 IRS 1040, indicate the custodial parent(s) adjusted gross income. You will receive zero points in this section if this information is not completed. Round the adjusted gross income to the nearest \$100.

\$ _____

If you have extenuating financial circumstances, please explain in 200 words or less on an attached sheet of paper.

For Lodge Use Only---Must Have LODGE ENDORSEMENT to Be Accepted for Judging

The Scholarship Chairperson, Exalted Ruler or Secretary of the B.P.O. Elks Lodge must sign the Lodge endorsement, certifying that he/she has reviewed the application and verifies that it conforms to the requirements of the competition. Applications should not be endorsed if they do not conform. **Applicants must use the current-year application.**

This application, with attached exhibits, has been reviewed and it conforms to the rules and regulations set forth by the NCSEA Scholarship Committee.

Lodge Name: _____ No: _____

Date: _____ (signed) _____
Lodge Scholarship Chairman, Exalted Ruler or Secretary

Phone: _____

E-mail: _____

Year 2024 "Nursing" Application Instructions

Applicant must use the official Year 2024 "Nursing" application.

This is a \$1,000, one year scholarship award.

The student must be in their high school senior year and participating in a school curriculum that involves health care activities. It is not necessary that the student already be accepted for enrollment in a post high school nursing program but he/she must have made application. If the student is not accepted to or pursuing a qualified post high school program in nursing, the award is forfeited.

Prior years have shown that the interests and achievements of the applicant are advanced at the time the scholarship committee meets by having an orderly, concise and chronological presentation on paper 8 1/2 x 11 bound neatly at the left side in a 3-hole paper folder. Elaborate bindings and bulky coverings are discouraged. Remove all letters from envelopes and bind the letters flat. Exhibits evidencing notable achievements in scholarship, leadership, athletics, dramatics, community service or other activities may be attached but the applicant should avoid submitting repetitious accounts of the same aptitude. Elaborate presentation is unnecessary. Careless presentation definitely handicaps the applicant. **The bound application and exhibits must not weigh over ten ounces or exceed twenty pages in length.**

It is also recommended that the applicant be in the top 25% of his/her class and be actively involved in nursing related activities.

In addition to the "Memorandum of Required Facts," and the completed counselor's report, which should be in the folder, we suggest as essential details the following, preferably in the order indicated:

1. Applicant will provide transcript of High School Record. **Please have the High School Counselor include your GPA and, if possible, your class ranking and number of students in your class. Due to the COVID19 pandemic, and the hardship it has placed on students, ACT/SAT testing is not required this year; however, if student has taken either test, please submit higher score. (Counselor's Report attached)**
2. A letter from school principal and/or counselor regarding citizenship, congeniality, leadership ability, attendance, personal grooming, and reliability.
3. One to three letters of endorsement from responsible persons not related to applicant, (other than teachers), who have had an opportunity personally to observe the applicant, and who can give worthwhile opinions of the moral character, industry, purposefulness and general worthiness of the applicant.
4. An essay entitled "Why I want to become a Nurse." Essay should not exceed 500 words.
5. Applicant must be a citizen of the United States of America.

Applications that do not conform substantially to the foregoing requirements should not be endorsed by a subordinate lodge.

**North Carolina State Elks Association
2024 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: N/A Date taken _____

SAT Critical Reading: N/A Math: N/A Date 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 _____

