

# 2021 Rotary Club of York PA Wagman Nursing Scholarship Application



Please complete form and sign before mailing. Handwritten applications are NOT acceptable. *(This form has fillable fields, Adobe Reader or Foxit Reader needed)*

**PERSONAL INFO:** (Address where mail will **always** reach you)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b><u>Yearly Expenses</u></b>	<b><u>Current Year Secured Funds Available for Expenses</u></b>
Tuition	Federal/State Loans
Room/Board	Federal/State Grants
Other School Expenses	Scholarship Aid
	College Grants
	Parents contribution
	Student contribution
	Work Study
	Other Sources

Any other grant or loan requests pending? Yes      If Yes, details (who and how much)

**Work Experience**

**Scholastic Information**

University \_\_\_\_\_ College Major (& Minor) \_\_\_\_\_  
 Entering Semester (eg. 7 of 9) \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_  
 Credit hours, fall semester \_\_\_\_\_ Cum. GPA \_\_\_\_\_  
 High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_  
 Intended Career \_\_\_\_\_

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Wagman Nursing Scholarship Application**



**Extra-Curriculars:**

**NURSING: Participation, Activities, Honors, Awards**

**Name(s) of Parent(s) or Guardian(s)**

Last:

First:

Street Address:

City:

State:

ZIP:

Last:

First:

Address (if different from spouse)

Street Address:

City:

State:

ZIP:

**REQUIRED DOCUMENTATION** *Please do NOT use staples*

A recent wallet sized photo of applicant.

An essay "**Why do you think you'd make a great nurse?**" Maximum ONE sheet, single sided.

A copy of your OFFICIAL high school transcript.

A copy of your complete and official college scholastic transcript, including class schedule for upcoming semester.

A copy of your ENTIRE FAFSA "Student Aid Report" (7-10 pages) printed from computer or sent to you by the U.S. Department of Education.

Copy of the Financial Aid package offered by college (if applicable).

Two letters of reference from people unrelated to you who have known you for at least 2 years.

At least ONE must be from a professor or college advisor.

**Scholarship money will be paid to the institution you attend, York College.**

I have carefully read all the conditions under which this application for a scholarship is made.

The answers I have given are true, complete and accurate and made without qualification.

Date:

Student's Printed Signature

(if electronic document, printing name signifies acceptance of conditions)

\_\_\_\_\_  
Signature (if paper copy)

**Please return this application BEFORE MAY 31 with ALL SUPPORTING DOCUMENTS to:**

Rotary Club of York - Wagman Scholarship  
c/o American Red Cross  
724 South George Street, York PA 17401

**Questions:**

Email: [officeassist@yorkrotary.org](mailto:officeassist@yorkrotary.org)  
Office Telephone: 717-848-1370