

**SANDUSKY EDUCATION FOUNDATION
LAURALEE KRABILL MEMORIAL SCHOLARSHIP APPLICATION**

APPLICANT INFORMATION

Full name: _____
Last
First
Middle initial

Home address: _____
Street
Apartment/Unit #

Phone: _____
City
State
Zip code

Date of birth: _____ Last 4 digits of your Social Security number: _____

Are you a U.S. citizen or legal resident? Yes No

Have you applied for admission to the Sandusky Career Center's School of Nursing? Yes No

Year you plan to attend _____ Applied for LPN program Applied for RN program

I certify that the information provided for this application is true and complete to the best of my knowledge.

Applicant signature: _____ **Date:** _____

EDUCATION

High school you attended, including city and state _____

Year of high school graduation: _____ GPA on a 4.0-point scale _____

If you attended college or vocational school, include name of college/vocational school and major/program:

Year of college or vocational school graduation or anticipated graduation date _____

STUDENT/FAMILY FINANCIAL STATEMENT

<u>Estimated Educational Expenses for one-year</u>		<u>Financial Resources Available</u>	
Annual tuition/fees	\$ _____	Family's adjusted gross income	\$ _____
Campus housing/meals	\$ _____	Student's projected earnings	\$ _____
Books/lab fees/equipment	\$ _____	Total anticipated grants/scholarships	\$ _____
Transportation/parking	\$ _____	Number of your family's dependents	_____
TOTAL EXPENSES	\$ _____		

REQUIRED ATTACHMENTS

1. Please provide a copy of your most recent transcript.
2. Please attach a typed one-page personal essay stating your educational achievements and career goals. The scholarship committee is interested in hearing about how you came to your decision to pursue a career in nursing. What areas of medicine interest you most and why?
3. Please attach a letter of support from your school, employer or community activity supervisor. Do not include personal letters of recommendation.

SUMMARY OF RECENT ACTIVITIES

Please describe your activities and work experiences within the last two or three years. Be sure to explain your role for the activities, for example, volunteering, mentoring, leadership, caregiving, etc. For work experience, please include your employers, work responsibilities and job titles, and how long you were employed.

SCHOOL AND COMMUNITY ACTIVITIES

HEALTHCARE WORK EXPERIENCE AND OTHER WORK EXPERIENCE

