

MILDRED ENGEL NURSE SCHOLARSHIP APPLICATION
HERITAGE MANOR
JEWISH HOME FOR THE AGED
of the
YOUNGSTOWN AREA JEWISH FEDERATION
517 GYPSY LANE
YOUNGSTOWN, OHIO 44504
Phone: (330) 746-1076
Fax: (330) 743-3115

SCHOLARSHIP LOAN APPLICATION FORM Year Applying: _____
(Must be completed and returned by deadline date: June 1, _____)

Letter summarizing goals and financial need by June 1, _____

APPLICANT:

Name: _____ SSN# (Optional): _____

Address: _____

Phone: _____ Age: _____ Sex: _____ Marital Status: () Single
Children: yes no Ages: _____ () Married

NURSING SCHOOL:

2 year associate degree program or 4 year baccalaureate program

Name of School: _____

Address: _____

PRIOR NURSING SCHOOLS OR UNIVERSITIES (if applicable)

_____ Dates attended: _____

_____ Dates attended: _____

REQUIREMENTS:

Pell Grant Report: () Yes () No Date Received: _____

Other Grants or Loans Received: _____

Amount Requested: _____ (instructional and technical fees; book costs)

Please submit the following and mail to the address above by June 1st :

- | | | |
|--------------------------------|---------------------------------|------------|
| (1) Work Reference letter | (1) Scholastic Reference letter | (1) Resume |
| (1) Character Reference letter | (1) Official Transcript | |

****NOTE:.. APPLICANT MAY BE CONSIDERED IN A PROVISIONAL MANNER WITH SCHOLARSHIP AWARD DEPENDANT ON OFFICIAL FINAL ACCEPTANCE INTO AN APPROVED RN PROGRAM. APPLICANT MUST REAPPLY EACH SCHOOL YEAR FOR SCHOLARSHIP BY JUNE 1st.**

Applicant's Signature: _____ Date: _____