



**VOITURE 333  
NURSING SCHOLARSHIP AWARD APPLICATION**

(Must be typewritten or printed legible)

Full name of applicant: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone Home #: (\_\_\_\_) \_\_\_\_\_ Phone work #: (\_\_\_\_) \_\_\_\_\_

Date and Place of birth: \_\_\_\_\_

**Academic Record (attach a copy of your high school or college transcript)**

Cumulative Grade Point Average: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_

SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Written \_\_\_\_\_ Total \_\_\_\_\_

and/or ACT Score \_\_\_\_\_

Name of Institution Attending: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
\_\_\_\_\_

Year in college: \_\_\_\_\_ Marital status: \_\_\_\_\_ # of dependents: \_\_\_\_\_

**Financial Information:**

Expected Family Contribution (EFC): After submitting your "Free Application for Federal Student Aid" (FAFSA) you will receive a Student Aid Report (SAR) which will list your EFC. Or to find the EFC go online at [www.finaid.org](http://www.finaid.org), click on "Calculators" and use "Federal Methodology."

What is your EFC? \_\_\_\_\_

Estimated cost of one year of college:

Tuition: \_\_\_\_\_  
Room & board: \_\_\_\_\_  
Textbooks: \_\_\_\_\_  
Fees: \_\_\_\_\_  
Supplies: \_\_\_\_\_  
Equipment: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Father's name (if living) and occupation: \_\_\_\_\_  
Mother's name (if living) and occupation: \_\_\_\_\_  
Military service of any family member: Name: \_\_\_\_\_  
Relationship \_\_\_\_\_

Do you have a part time job? If yes, describe:

Briefly describe your school and community activities:

Describe activities that would provide examples of your leadership skills/ability:

*Payment of this scholarship will be in accordance with the financial rules of the institution you are attending.*

**Certification**

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to 40&8 Voiture 333 to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that 40&8 Voiture 333 is solely responsible for the selection of the scholarship winners and the decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to 40&8 Voiture 333 for use in administering my scholarship award. In submitting this application, I certify the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 40&8 Voiture 333 scholarship.

\_\_\_\_\_ Date: \_\_\_\_\_  
Student's Signature

If my child is selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to 40&8 Voiture 333 to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that 40&8 Voiture 333 is solely responsible for the selection of the scholarship winners and the decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing and financial need to 40&8 Voiture 333 for use in administering my child's scholarship award. In submitting this application, I certify the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 40&8 Voiture 333 scholarship.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent's/Guardian's Signature

All inquiries should be directed to: Monica George, Directeur Nursing, 660-826-5217.

Recipients will be notified of awarded scholarship at their high school graduation or award ceremony or by letter by July 1 for non-high school applicants.

Completed application should be mailed no later than the second Saturday in April to:

Monica George, Directeur Nursing  
Voiture 333, 40&8  
20610 Butterbaugh Ford Road  
Sedalia, MO 65301

Please read carefully and follow all eligibility requirements:

Two \$500.00 Scholarships will be awarded annually to eligible students who are currently or planning to attend a vocational technical college, a university or college in a program of nursing. The Nursing Scholarship Committee of Voiture 333, 40&8 will determine the recipients of the scholarship.

**Basis for eligibility:**

1. Applicant must be enrolled or accepted as a full time student in an accredited vocational technical college, a university or college in a program of nursing in the state of Missouri. **A letter from the institution must be attached to the application.**
2. Applicant must be a resident of Benton, Cooper, Henry, Johnson, Lafayette, Moniteau, Pettis or Saline Counties in Missouri.
3. The scholarship must be used in the following semester after it is awarded.
4. The scholarship may be awarded to an eligible student only once.
5. All recipients of a 40&8 Voiture Nursing Scholarship will provide a copy of his/her transcript every semester until graduation or termination of the nursing program to the Voiture 333 Directeur Nursing.

The scholarship will be paid at the beginning at the student's first semester following award of the scholarship at the college of their choice. **Registrar's certificate of enrollment is required before payment will be made.** A check will be issued to joint payees, the recipient and the Scholarship and Awards Officer or equivalent official at the school.

Please direct questions concerning the scholarship to Monica George, Directeur Nursing, 660-826-5217.

Completed application and supporting documentation should be submitted by the second Saturday in April.