

**Solicia Clegg Swearingen Memorial**  
**Nursing Scholarship Application**

Name \_\_\_\_\_ (Male/Female) \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Your gross family income \_\_\_\_\_  
Grade point average \_\_\_\_\_ Class rank \_\_\_\_\_

**Activities, participation, and awards**

Year(s)	Award	Year(s)	Award
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Year(s)	Organization	Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of college you plan to attend \_\_\_\_\_  
I ☐ have - ☐ have not been accepted.

**References:**

Name _____	Phone _____
Name _____	Phone _____

**In your own words, tell what contributions you as a nurse can make to the health care system.**

\_\_\_\_\_