

Logan County Nurses Scholarship Association
P.O. BOX 1306
STERLING, CO 80751

APPLICATION

Applicant's Full Name:

E-mail address:

Current Mailing Address:

Phone Number:

City/State/Zip:

Parent's (or spouse) Name:

Date of Birth:

High School Graduation Date:

College Student ID #:

High Schools Attended (9th – 12th Grade)

Name and Location

Dates of Attendance

Name and Location

Dates of Attendance

Name of College/School(s) to which you have applied: Attach sheet if needed.

(1) Name and Address of College/School

Financial Aid Contact Person(s)

(2) Name and Address of College/School

Financial Aid Contact Person(s)

Please state your Area of Interest:

☐ RN

☐ Advanced Nursing

☐ LPN

Have you applied for scholarship aid from any other source?

☐ Yes ☐ No

If yes, give details:

Have you been granted other scholarship aid?

☐ Yes ☐ No

If yes, give details:

Signature of Applicant

Date

DUE DATE IS APRIL 1 or AUGUST 1