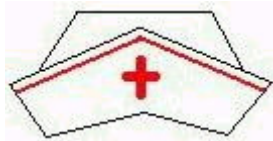


Application for

Kelly Guffey Memorial Nursing Career Scholarship



Presented by

Remember Kelly, Inc.

Name: _____ Social Security #: _____

Date of Birth: _____ Male _____ Female

High School: _____ Graduation Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Address: (if not same) _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) Place of Employment _____

Honors and Awards (High School, Church, Community): _____

Record of Participation in Extracurricular Activities (High School, Church, Community): _____

Schools to Which Have You Been Accepted: _____

Please respond to the following questions:

1. Who do you live with? (a) single parent; (b) both parents; (c) guardian
2. Do you have any brothers/sister? If so, how many? _____
3. Are any siblings attending college? If so, how many? _____
4. Are any family members a nurse? If so, list who _____
5. Would you be willing to volunteer your services to the annual Kelly Guffey Race to Remember 5k? _____

Signature of Applicant and Parent

We certify that all information given on this application is true, correct and complete to the best of our knowledge.

Applicant _____ Date _____

Parent(s) / Guardian (s) _____ Date _____

Please include the following in your application packet:

1. Official copy of your high school transcript with SAT score, signed and sealed by North Gaston High School personnel.
2. A letter verifying admission to the nursing program of your choice. If you have not received your admission/acceptance letter, please provide the reason.
3. A personal statement of at least 200 words summarizing applicant's desire to be a nurse and goals for the future. Relate how past, present and future activities make this goal probable.
4. A letter of recommendation from a North Gaston High School faculty member.
5. A black/white or color photo.
6. A letter of reference from two (2) individuals who will address the following questions:
 - a. What is your relationship to the applicant?
 - b. How would a scholarship benefit the applicant?
 - c. Can you speak of any reason / personal experience the applicant has had that encouraged her/him to enter the nursing field?
 - d. Why do you think the applicant should receive this scholarship?

- Competition is open to a male or female graduate of North Gaston High School planning to attend a community college or university to pursue a degree in nursing.
- Applications are due **March 1st** of each school year unless the 1st falls on a weekend. In that case, the deadline will be the following Monday.
- Turn in completed application form to the North Gaston Guidance Department.
- An interview with the selection committee will be conducted. You will be assigned a date and time.