

SBNS Scholarship Application

Deadline for receipt of this application is March 31, 2011

General Information			
Last Name	First Name	Middle Initial	SS#:
Address			
City, State, ZIP			
Home Phone/Cell #	Work Phone #	How did you hear about this scholarship?	
Nursing Program Enrollment			
School You are Currently Enrolled In:		Anticipated Graduation Date:	
Degree You are Pursuing:		GPA (minimum 3.2):	
Education History			
<p><i>Please list your education history, including the name of the schools (college & high school), the degree you received or your area of concentration, and awards that you received. Please list the most recent first. (You may attach a resume in lieu of this.)</i></p>			
Employment History			
<p><i>Please list your employment history for the last 5 years, if applicable. Include the employer, dates, a brief job description and any awards that you received from your employer. Please list the most recent first. (You may attach a resume in lieu of this.)</i></p>			

Community and Extra-Curricular Activities

Please list all community and/or extra-curricular activities. Include the name of the organizations, dates, and level of involvement. (You may attach a resume in lieu of this.)

Career Goal Statement

*Please give a brief statement of your career goals and how you plan on using the degree you are pursuing. Please do **not** exceed the space provided.*

Other Documentation

Include the following documentation:

1. Two (2) sealed recommendation forms filled out by a healthcare professional, educator, employer, or other relevant person.
2. An official copy of an acceptance letter or letter demonstrating academic standing.
3. An official copy of transcript.

Applicant Signature

I verify the information in this application is accurate to the best of my ability. If I receive a scholarship, I give my permission to be featured in SBNS publications and will make a good faith effort to attend SBNS events honoring scholarship recipients.

Signature of Applicant

Date

SBNS Scholarship Recommendation Form

Last Name of Applicant		First Name		Middle Initial	
Applicant Evaluation					
Characteristic	Excellent Upper 10%	Good 11% - 20%	Average 21% - 60%	Below Average <60%	No basis for judgment
Overall Leadership Qualities					
Potential as a Health Care Provider					

Additional Comments:

In what capacity do you know the applicant? How long have you known the applicant?

Summary: Strongly Recommend Recommend Do Not Recommend

Printed Name _____

Signature _____

Title _____

Address _____

City, State, Zip _____

Please return this form in a sealed envelope (with your signature written across the seal) to the applicant or the address below postmarked no later than, March 31, 2011:

*Sylvia Bond Nursing Society
Medical Center of Central Georgia
777 Hemlock Street
ATTN: Sandra Higgison MSC #154
Macon, GA 31201*