

C. A. Davis Nursing Scholarship

Anderson County Hospital Board of Trustees on behalf of the C. A. Davis Trust

2021-22 Scholarship Program Application

Date Due: July 23, 2021

Name: _____

Phone number: _____

E-mail address: _____

Permanent address: _____

Current mailing address: _____

School/college where scholarship will be used: _____

Date of entrance: _____

Date training will be completed: _____

Student's classification: Full time Part time GPA: _____

Degree sought: _____

List of schools attended on a full-time basis:

Name of school	Location	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach letters of recommendation from two (2) references. If currently in school, one reference should be from an instructor/professor.

Name: _____ Address: _____

Name: _____ Address: _____

Please also attached a brief (1 page) statement as to why you believe you should receive this scholarship.

Has applicant borrowed money for education? Yes/No

What is the total amount of indebtedness? _____

Applicant signature

For board use only

Date of board meeting: _____

Applicant approved: _____ Applicant disapproved: _____