

## C. A. Davis Nursing Scholarship Application

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

**Submit to:** Anderson County Hospital, Attn: Bev Shaul, 421 S. Maple St., Garnett, KS 66032  
Or e-mail: bjshaul@saintlukeskc.org

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

\_\_\_\_\_  
Date

### For board use only

Date of board meeting: \_\_\_\_\_

Applicant approved: \_\_\_\_\_ Applicant disapproved: \_\_\_\_\_