



**AMVETS NATIONAL SAD SACKS
NURSING SCHOLARSHIP APPLICATION**
MAY ALSO BE USED FOR STATE AND LOCAL APPLICATIONS

Please print Last name, First, Middle initial

Address

City, State, Zip

Phone with area code

Submitted by unit# _____ City _____ State _____

College you plan to attend _____ Phone _____

Address

City, State _____ Zip _____

REVISED 05/21/2012

**APPLICANT MUST BE IN SECOND YEAR OF SCHOOL
FIRST CONSIDERATION IS THE NEED OF FINANCIAL ASSISTANCE
FORM MUST BE FILLED OUT COMPLETELY**

**ANY APPLICATION THAT HAS BEEN WHITED-OUT OR LINES THROUGH THE
WORDING WILL BE DISQUALIFIED BY THE NURSE'S SCHOLARSHIP COMMITTEE
ALL QUESTIONS MUST HAVE AN ANSWER ON IT EVEN IF IT IS JUST "N/A"**

List Any Grants or Scholarships You Will Receive & Their Value.

- 1) _____ 2) _____
3) _____ 4) _____

- 1) Total Monetary Value of All Scholarships \$ _____
2) Financial Aid You Will Receive From Your Family \$ _____
3) Amount You Have Saved For Your Education \$ _____
4) Total of Any Other Financial Aid You Will Receive \$ _____
5) Total Financial Support Available (Add Lines 1 thru 4) \$ _____
6) Are You, As A Student, Listed As A Dependent on Your Parents Income Tax Return?
Yes _____ No _____

7) Name Of Your Or Your Spouse's Employer _____

7a) Are You A Veteran? Yes _____ No _____

b) Is Your Spouse _____ Father _____ Or Mother _____ A Veteran?

8) List Your Adjusted Gross Income from Your Most Recent Federal Income Tax Return

\$ _____

8a) If Married & Filing Separately, List Your Spouse's Adjusted

Gross Income \$ _____

Married _____ Single _____

Living W/ Parents _____ Spouse _____ Single _____

Number of Dependents _____ Your Age _____

FINANCIAL STATEMENT

APPLICANTS STAEMENT:

In Submitting This Application, I Hereby Certify That, (1.) I Am In Need Of This Scholarship To Continue Nursing School; (2.) I Will Use The Proceeds Of Any Scholarship Received Towards The Paying Of Tuition, Required Fees, Room & Board, Required Materials Or Books; (3.) The Information Submitted In This Application Is Complete & Correct And (4.) I Agree To Inform The Committee Of Any Changes In My Financial Circumstances.

DATE

SIGNATURE

AGREEMENT:

If I am awarded a scholarship the AMVETS Sad Sacks, it is my intentions to complete my nursing education as outlined & to serve as a member of the profession for which I am preparing myself. I agree to repay to the AMVETS SAD SACKS all monies paid to me on this scholarship if I do not complete my nursing education & become a "R.N." and work in the profession, either full or part time, in the year following my graduation. I understand that this application & all credentials submitted by me, or others in my behalf will remain the property of AMVETS SAD SACKS.

DATE

SIGNATURE

FINANCIAL AID OFFICERS STATEMENT:

The Financial Aid Officer Must Sign This Part Of The Form.

I Have Reviewed The Information Submitted In This Application & To The Best Of My Knowledge, It Is Complete & Correct. Particularly, The Accuracy Of School Cost & Estimated Family Contribution.

DATE _____

SIGNATURE _____

PRINT NAME _____

TITLE _____

SCHOOL _____

AMVETS SAD SACKS
NURSING SCHOLARSHIP

INDICATE HERE YOUR CUMULATIVE G. P. A.

HIGH SCHOOL _____

COLLEGE _____

S. A. T. SCORE _____

A. C. T. SCORE _____

OTHER _____

SPECIFY _____

HONERS AND AWARDS RECEIVED _____

CERTIFICATION

I CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE RULES ESTABLISHED BY AMVETS SAD SACKS SCHOLARSHIP COMMITTEE AND I AM COGNIZANT THAT ALL DECISIONS RENDERED BY THIS COMMITTEE IS FINAL. I FURTHER CONSENT TO AMVE SAD SACKS THE USE OF PHOTOGRAPHS (OF THE LIKENESS) OR STATEMENTS FOR PUBLICITY PURPOSES.

DATE _____

SIGNATURE _____

THIS MUST BE RECEIVED BEFORE THE SPRING N. E. S.

MAIL TO

THE NATIONAL NURSES SCHOLARSHIP CHAIRMAN

OR

AMVETS SAD SACKS NATIONAL DEPARTMENT

NATIONAL ADMINISTRATIVE DIRECTOR