



Jody Fredrickson Nursing and Health Scholarship
Application Form
(Please type or print)

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail Address: _____

Social Security Number _____ Birth Date _____

Parent or legal guardian's name _____

Address _____ City _____ State _____ Zip _____

High School Name _____ Date of graduation _____

Cumulative Grade Point Average _____

Evidence of financial need is required to be used in determining recipients in cases of equal merit.

FAFSA information provided is: _____ actual _____ estimated.

Please list any extenuating circumstances that might affect financial need that we should know about. (Medical bills, recent death in the family, etc.)

Post-Secondary school you are planning to attend or are currently attending: _____

What is your intended or declared major? _____

Signature

Date

- Attach an official copy of your transcript.
- Attach a copy of your FAFSA.
- Attach three letters of recommendation from: a member of the clergy, an educator and a person of your choice.
- Attach a copy of your resume.