



**Application for:
Karen Susan Draper Memorial Scholarship for Nursing**

(Please print or type)

NAME: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

SOCIAL SECURITY NUMBER: _____ **(Must be provided)**

Accepted into program at: _____

Anticipated Graduation Date: _____ Coursework: LPN RN BSN MSN

Why have you chosen to pursue this area of study? _____

What have you contributed to your school and/or community toward quality improvement? _____

Are you receiving financial aid from other source(s)? Yes No If so, from where? _____

High School attended: _____
(School) (City) (State)

Other College(s) attended: _____
(School) (City) (State)

Are you employed? Yes No If so, where: _____

Dates of employment: From _____ To _____

Job responsibilities: _____

Do you have any relatives employed by Marwood Nursing & Rehab or its affiliates?

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Attach the following information to application:

- Confirmation of Acceptance into accredited qualifying program
- Letter of support from instructor or counselor
- Letter of support of your choosing (i.e., personal, employer, etc.)
- Most recent official transcript