

Saint Luke's Nursing Alumni Association

Application for Scholarship

Name: _____ Date: _____

Home Address: _____

Telephone Number: _____

Single _____ Married _____ Number of children _____

Ages of Children _____ Other Dependents _____

Occupation of Spouse (if applicable) _____

Occupation of Father (if applicable) _____

Occupation of Mother (if applicable) _____

1. If single:
How many are in your family? _____

2. Why are you applying for a scholarship? _____

3. List other scholarships or financial aid which you have received _____

4. Monthly income of applicant: _____

5. Cumulative Grade Point Average _____ (A = 4.0 on scale)

Expected Date of Graduation _____

