

APPLICATION FOR NURSING SCHOLARSHIP

Date:

Easton Hospital School of Nursing Alumni Association
c/o: Jeane Titus, Treasurer
132 Washington Street
Phillipsburg, NJ 08865-2902

My name is:

Nursing School Attending and year of graduation:

Write why you are requesting this scholarship in 75 words or less. (Use reverse side if needed)

My favorite past times include:

Social or Community activities that you are involved or interested in:

My ultimate goal after graduation is:

Signature:

Print name and address:

Please return to address above.