

SHIRLEY HINES MEMORIAL SCHOLARSHIP FOR NURSING/HEALTH CARE

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Nick Name
Street Address	City	State/Province	Zip/Postal Code
Phone	E-Mail Address		
Church Denomination			
I plan to enroll for the	Fall Semester	Spring Semester	Year
College or University (planning to attend or currently enrolled)			

ACADEMIC INFORMATION

Academic Major

Cumulative GPA (attach official copy of your high school/college transcript or acceptance letter)

EXTRA-CURRICULAR ACTIVITIES, HONORS, SPECIAL INTERESTS

WORK AND COMMUNITY SERVICE

Attach a list of activities, work, community services projects, etc. in which you have been involved that distinguishes you for award of this scholarship.

REFERENCES

Submit three letters of recommendation (one must be from a member of the clergy)

SIGNATURE

I certify that to the best of my knowledge all of the information provided on this application form and on the attached materials is true. I am prepared to document this information, if requested.

Signature

Date

***Scholarship Applications must be Received or Postmarked by July 29, 2017
Late or Incomplete Applications Will Not Be Considered after this time.***

**Mail or Deliver to: St Alban's Anglican Cathedral
3348 West State Road 426
Oviedo, FL 32765
Attn: Shirley Hines Memorial Scholarship Committee**