

Doris S. Heilemann Scholarship Trust

SCHOLARSHIP APPLICATION

DEADLINE: FEBRUARY 15TH

APPLICANT INFORMATION

NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

DATE OF BIRTH _____
TELEPHONE NO. _____

COLLEGES ACCEPTED TO: _____
PREFERRED CHOICE OF COLLEGE _____

MARITAL STATUS _____
DATE OF GRADUATION _____

FATHER'S NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

OCCUPATION _____
SALARY _____
TELEPHONE NO. _____
EMAIL _____

MOTHER'S NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

OCCUPATION _____
SALARY _____
TELEPHONE NO. _____
EMAIL _____

BROTHERS AND SISTERS	AGE
_____	_____
_____	_____
_____	_____
_____	_____

RESIDE AT HOME OR IN COLLEGE NEXT YEAR

WHAT SCHOOL OR PROGRAMS ARE YOU APPLYING TO?	
INSTITUTION	TUITION
_____	_____
_____	_____
_____	_____
_____	_____

ESTIMATED COURSE-RELATED EXPENSES		ROOM&BOARD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provided for Educational Assistance to Qualified High School Graduates or Other Qualifying Students Pursuing a Bachelor of Science Nursing Degree or equivalent. The Doris S. Heilemann Scholarship Trust does not discriminate on the basis of race, color, religion, national and ethnic origin in the administration of its scholarship program.

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CURRENT PROFILE (WITHIN THE LAST FOUR YEARS OF APPLYING)

AWARDS AND HONORS:

EMPLOYMENT HISTORY: (INCLUDE EMPLOYER, POSITION, DUTIES, DATES OF EMPLOYMENT, HOURS PER WEEK)

LONG-TERM GOALS WITH A BACHELOR'S IN SCIENCE NURSING DEGREE:

FINANCIAL AID QUESTIONS

LIST OTHER SCHOLARSHIPS AND/OR FINANCIAL AID RECEIVED OR REQUESTED. IF RECEIVED, INDICATE AMOUNT AND WHETHER NEED BASED OR MERIT BASED.

HOW DO YOU PLAN TO PAY FOR ROOM AND BOARD OR YOUR OTHER LIVING EXPENSES?

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RELEASES AND SIGNATURES

READ, SIGN, AND DATE

CERTIFICATION: ALL OF THE INFORMATION PROVIDED BY ME OR ANY OTHER PERSON ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS BEING FILED JOINTLY BY ALL SIGNERS. IF ASKED BY A COMMITTEE MEMBER, I AGREE TO GIVE PROOF OF THE INFORMATION THAT I HAVE GIVEN ON THIS FORM. I ALSO REALIZED THAT IF I DO NOT GIVE PROOF WHEN ASKED, THE APPLICANT MAY BE DENIED THE SCHOLARSHIP. COMMITTEE MEMBERS MAY INTERVIEW APPLICANTS OR QUESTION ANY PERSON MENTIONED IN THIS APPLICATION.

I HEREBY ATTEST THAT I AM QUALIFIED FOR THIS SCHOLARSHIP AND THAT I AM NOT RELATED TO ANY INDIVIDUAL WHO IS A DISQUALIFIED PERSON AS DEFINED BY IRC SECTION 4941. I HEREBY COMPLETELY AGREE WITH ALL THE TERMS AND CONDITIONS OF THE ATTACHED DORIS S. HEILEMANN SCHOLARSHIP TRUST. IF I AM THE RECIPIENT OF THE SCHOLARSHIP, THEN I WILL COMPLY WITH ALL THE REQUIREMENTS WITHIN THE TRUST.

EVERYONE WHOSE INFORMATION IS GIVEN ON THIS FORM MUST SIGN BELOW. THIS INCLUDES THE APPLICANT AND PARENTS OR LEGAL GUARDIANS. **THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE REQUIRED SIGNATURES.**

APPLICANT: _____ DATE: _____

FATHER/STEPFATHER: _____ DATE: _____

MOTHER/STEPMOTHER: _____ DATE: _____

DATE SUBMITTED: _____

HAND DELIVER APPLICATION & SUPPORTING DOCUMENTS TO DOCK GUIDANCE OFFICE BY FEBRUARY 15TH. THE GUIDANCE OFFICE WILL EMAIL A COPY TO BRIAN GOURLEY, ESQ.

**DORIS S. HEILEMANN SCHOLARSHIP TRUST
c/o BRIAN D. GOURLEY, ESQ.
114 E. BROAD ST.
SOUDERTON, PA 18964**

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