**Dorothy L. Head R.N.**

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**Memorial Scholarship Application**

Please return application to your High School Counselor prior to April 15th.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAMES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G.P.A.\_\_\_\_\_\_\_\_\_CLASS RANKING \_\_\_\_\_ / \_\_\_\_\_ (# IN CLASS) ACT SCORE \_\_\_\_\_\_\_\_\_\_\_

Please list school activities, honors, or awards you have participated in or received\*\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list your participation and involvement in church, community and civic activities\*\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What university or college are you attending? North Central Missouri College

(Please attach a copy of your acceptance letter to the application.)

Have you taken a class in health occupation or a related class? \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(\* Indicates that you can use a separate piece of paper for your answer)**

**PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPPER.**

**Why do you want to be a Nurse?**

1. **What type of Nursing do you want to practice?**
2. **What makes a great Nurse?**
3. **Do you Know someone who is a Nurse and how has that impacted your decision?**
4. **What motivates you in your daily life?**

**Thank you,**

**The Dorothy L. Head Family**

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