

***NURSE PRACTICE COUNCIL/COLEE' HOSPERS  
NURSING EDUCATIONAL SCHOLARSHIP***

**APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Position at ORHC \_\_\_\_\_

Address \_\_\_\_\_

Length of employment \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Describe your nursing educational goals:

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Name of college/university \_\_\_\_\_ Current GPA \_\_\_\_\_

Student status (circle): Part-time Full-time

Academic year (circle): First Second Third Fourth

Please describe activities and/or organizations in which you are involved, both at the Health Center and in you community:

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Please describe why you believe you are a good candidate for this scholarship:

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