

Tennessee Elks Benevolent Trust

Application for Scholarship in Nursing

This application must be filled out with the Scholarship Chairperson of the B. P.O. Elks Lodge Nearest to the applicant's residence in order that it may be judged by the sponsoring Lodge's Scholarship Committee and the Major Project Committee of the Tennessee Elks Association.

Application must be turned in to the local lodge no later than January 15!

(May be legibly written or typed)

Applicant's Full Name _____

Address _____

Street

City

State

Zip

Email Address _____

Telephone Number _____ Marital Status _____

Date of Birth _____ Social Security Number _____

Name and Location of High School _____

Date of Graduation _____ Type of Diploma _____

Grad Point Average (4 years) _____ ACT or SAT Score _____

Offices Held in Class or School Organizations _____

If applicant has graduated from High School, list the name and location of all other schools attended or attending

Out-of-School Activities: Awards, Offices, etc. _____

Volunteer Services (Church, Community, Hospitals, Nursing Homes, School)

List the dates that the volunteer service was performed and the average weekly hours for each separate activity.

Service From	Service To	Location	Hours	Total Hours
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Sponsoring Lodge Endorsement

This application and attachments have been reviewed, the contents verified, and found to be in conformity with the rules and regulations set forth by the Tennessee Elks Benevolent Trust.

Chairperson, Lodge Scholarship Committee Date Exalted Ruler or Secretary Date

_____ Lodge No. _____

Applicant's Signature

Date