

Employment

List dates of employment, and average weekly hours worked while attending school.

Employed From	To	Employer	Type of Job	Average Hours
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If no employment or volunteer service, please explain why. _____

Have you applied for or expect scholarship assistance from any other source? _____ If yes, please provide all details. _____

Name and location of the approved* school of nursing that you plan to attend. _____

Upon completion of your training do you plan to remain in Tennessee? _____ If not, where? _____

*Accredited school of nursing (college or hospital) in the state of Tennessee or any other school approved by the Executive Board of the Tennessee Elks Benevolent Trust.

TO BE COMPLETED BY ALL APPLICANTS

Budget for full academic year of _____	How many months _____
Tuition and Fees (full academic year, not monthly)	\$ _____
Books and Supplies	\$ _____
Room and Board	\$ _____
Travel	\$ _____
Total of Above	\$ _____

LESS ANTICIPATED INCOME:

Parents Contribution	\$ _____
Student's Contribution	\$ _____
Summer earnings	\$ _____
College Work/Study Employment	\$ _____
Other Scholarships, Grants, or Loans (details):	\$ _____

Total of Above \$ _____

Amount needed to balance school budget for the year \$ _____

In order to properly evaluate this application, the information on the next page is essential. Select the area which best fits the applicant's circumstances. A dependent application is one who relies on his/her parents for the basic and major part of his/her support. An independent applicant is one who is on his/her own and derives the basic and major part of his/her support from himself/herself and/or a spouse. **Incomplete information in this area will disqualify the applicant.**

I certify that the statements in this application are true.

Father's signature

Mother's signature

Spouse's signature