

All Paperwork is to be returned to:

Sad Sacks Department Administrative Director

314 E. Berkley Ave.

Muncie, IN 47303-1214



AMVETS NATIONAL SAD SACKS NURSING SCHOLARSHIP APPLICATION

MAY ALSO BE USED FOR STATE & LOCAL APPLICATION

PLEASE PRINT CLEARLY

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

Phone # with Area Code

Social Security #

EMAIL ADDRESS _____

Submitted by Unit # _____ City _____ State _____

College You Attend or Plan to Attend

Address

City

State

Zip Code

APPLICANT MUST BE IN SECOND YEAR OF SCHOOL
FIRST CONSIDERATION IS THE NEED OF FINANCIAL ASSISTANCE
FORM MUST BE FILLED OUT COMPLETELY

ANY APPLICATION THAT HAS BEEN WHITED-OUT OR LINES THROUGH THE WORDING
WILL BE DISQUALIFIED BY THE NURSE'S SCHOLARSHIP COMMITTEE ALL QUESTIONS MUST
HAVE AN ANSWER ON IT EVEN IF IT IS JUST "N/A"

List Any Grants or Scholarships You Will Receive & Their Value.

1) _____ 2) _____
3) _____ 4) _____

- 1) Total Monetary Value of All Scholarships
- 2) Financial Aid You Will Receive From Your Family
- 3) Amount You Have Saved For Your Education
- 4) Total of Any Other Financial Aid You Will Receive
- 5) Total Financial Support Available (Add Lines 1 thru 4) \$ _____
- 6) Are You, As A Student, Listed As A Dependent on Your Parents Income Tax Return?

Yes No

7) Name Of Your Or Your Spouse's Employer _____

7a) Are You A Veteran? Yes No

7b) Is Your Spouse Father Or Mother A Veteran?

8) List Your Adjusted Gross Income from Your Most Recent Federal Income Tax Return

8a) If Married & Filing Separately, List Your Spouse's Adjusted

Gross Income \$ _____

Married Single

Living W/ Parents Spouse Single

Number of Dependents _____ Your Age _____

FINANCIAL STATEMENT

APPLICANTS STATEMENT:

In Submitting This Application, I Hereby Certify That, (1.) Am In Need Of This Scholarship To Continue Nursing School; (2.) I Will Use The Proceeds Of Any Scholarship Received Towards The Paying Of Tuition, Required Fees, Room & Board, Required Materials Or Books; (3.) The Information Submitted In This Application Is Complete & Correct And (4.) I Agree To Inform The Committee Of Any Changes In My Financial Circumstances.

DATE

SIGNATURE

AGREEMENT:

If I am awarded a scholarship the AMVETS Sad Sacks, it is my intentions to complete my nursing education as outlined & to serve as a member of the profession for which I am preparing myself. I agree to repay to the AMVETS SAD SACKS all monies paid to me on this scholarship ill do not complete my nursing education & become a "R.N." and work in the profession, either full or part time, in the year following my graduation. I understand that this application & all credentials submitted by me, or others in my behalf will remain the property of AMVETS SAD SACKS.

DATE

SIGNATURE

FINANCIAL AID OFFICERS STATEMENT:

The Financial Aid Officer Must Sign This Part Of The Form.

I Have Reviewed The Information Submitted In This Application & To The Best Of My Knowledge, It Is Complete & Correct. Particularly, The Accuracy Of School Cost & Estimated Family Contribution.

DATE _____

SIGNATURE _____

PRINT NAME _____

TITLE _____

SCHOOL _____

AMVETS SAD SACKS
NURSING SCHOLARSHIP

INDICATE HERE YOUR CUMULATIVE G. P. A.

HIGH SCHOOL _____

COLLEGE _____

S. A. T. SCORE _____

A. C. T. SCORE _____

OTHER _____

SPECIFY _____

HONERS AND AWARDS RECEIVED _____

CERTIFICATION

I CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE RULES ESTABLISHED BY AMVETS SAD SACKS SCHOLARSHIP COMMITTEE AND I AM COGNIZANT THAT ALL DECISIONS RENDERED BY THIS COMMITTEE IS FINAL. I FURTHER CONSENT TO AMVETS SAD SACKS THE USE OF PHOTOGRAPHS (OF THE LIKENESS) OR STATEMENTS FOR PUBLICITY PURPOSES.

DATE _____

SIGNATURE _____

TIBS MUST BE RECEIVED BEFORE THE SPRING N. E. S.

MAIL TO

THE NATIONAL NURSES SCHOLARSHIP CHAIRMAN
OR
AMVETS SAD SACKS NATIONAL DEPARTMENT
NATIONAL ADMINISTRATIVE DIRECTOR