### MCKINNEY MEMORIAL NURSING SCHOLARSHIP

The information contained herein will be reviewed by the LaSertoma International McKinney Scholarship Chairman and treated strictly confidentially. **Judging criteria will include financial need, degree of commitment, scholastic standing, leadership potential and personal qualifications.**

**Please complete in English.**

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and location of College/University that you will attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Next college academic year: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Other \_\_\_

Personal employment history

Hobbies

List student activities in which you participated (include offices held):

High School

College

List the service activities in which you participate:

Why did you choose a nursing career?

What is your professional goal?

LSI Forms C5 and C6 must be completed with this form.

Enclose Official Transcript of Grades, and pages 1 & 2 of IRS current tax year 1040 for student & parents. If a resident outside the U.S., please send appropriate financial documentation, i.e., Canada Revenue Agency T1 with attachments, or the Canada Revenue Agency Notice of Assessment.

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Signature of Applicant Date