



Mary Jestine Flightner Memorial Nursing Scholarship Application

Scholarship Application: *IMPORTANT! Please attach a senior photograph to your scholarship application.*

Today's Date:

A. Demographic Information			
Full Name	Last	First	Middle
Mailing Address			
City, State, Zip			
Phone	Permanent Email		
High School			
Graduation Year			
Social Security Number (Last 4 digits)			
College Attending			
Intended Major			

This Section Completed by High School Counseling Department

Student GPA: _____ Student Class Rank: _____ of _____ Student ACT Score: _____

Signature of Counselor _____ Date _____

B. Financial Need Information

Many Scholarships take into account financial need. An objective measure of need is the Student Aid Index (SAI) as measured by the Free Application for Federal Student Aid (FAFSA) form.

IMPORTANT: You will be expected to provide your family's SAI if you want to be considered for any scholarship that takes into account financial need. We ask you to provide this information now or be prepared to provide the SAI at the time of your interview.

My Student Aid Index (SAI) from FAFSA is: \$

C. Scholarship Questions

1. Please explain why you are interested in your intended major and what your plans are after graduating from college:

2. Discuss your leadership capabilities, past accomplishments, extra-curricular activities, community involvement and work experience:

3. List any honors or awards you have received:

4. List any scholarships or grants that you have received or know that you will be receiving:

D. Attestation and Grant of Release

Attestation:

I attest that the information contained in this application is true and complete to the best of my knowledge.

Signature of Applicant

Grant of Release:

I hereby grant the administrators of my high school permission to release a copy of the high school academic transcripts of the applicant named on this form including, but not limited to, class rank, college preparatory test scores (such as ACT), and other academic-related information contained therein. I understand the information gathered by the Bryan Area Foundation for determining eligibility for various scholarships may be disclosed to members of the scholarship committee and the representative of the donor family. Photos that are submitted must be the sole property of entrant and entrant must have all rights to reproduce and distribute the photo submitted. I understand the photo(s) may be used by the Foundation for future advertising, on our website, or any other kind of promotional material.

Signature of Applicant

Signature of Parent or Legal Guardian