

**Forty & Eight  
Voiture 71 – Polk County  
Des Moines, Iowa**

**Nurses Training Scholarship Application**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Other Next of Kin \_\_\_\_\_ Address \_\_\_\_\_

Parent Occupation (F) \_\_\_\_\_ (M) \_\_\_\_\_

Is father a veteran \_\_\_\_\_ (M) \_\_\_\_\_

Is financial aid being obtained from other sources? \_\_\_\_\_ - \_\_\_\_\_

Do you work during the summer \_\_\_\_\_ Type of work \_\_\_\_\_

Education Highest grade \_\_\_\_\_ Rank \_\_\_\_\_ In class of \_\_\_\_\_

Nursing school you are attending: DMACC \_\_\_ Grand View \_\_\_ Mercy \_\_\_ Other \_\_\_\_\_

Have you applied for entrance \_\_\_\_\_ Accepted \_\_\_\_\_

In your own words state why you wish to become a nurse (You may use back side if necessary) \_\_\_\_\_

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

We would require you to practice nursing in Iowa for one year after graduation. Do you agree Yes \_\_\_ No \_\_\_.  
Thank you for applying for our Nurses Training Scholarship. We hope you are successful. You must be present to receive your check of \$750.00 on November \_\_\_\_\_ . The completed form *Must* be returned by October \_\_\_\_\_ to the address below.

Forty & Eight\* Voiture 71  
P.O. Box 1331  
Des Moines, IA 50306 131331