

**OLD SAYBROOK PUBLIC HEALTH NURSING BOARD  
NIGHTINGALE SCHOLARSHIP**

**Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of children in family & ages: \_\_\_\_\_

Number of siblings in college: \_\_\_\_\_

Where do you plan to attend college? \_\_\_\_\_

Have you been accepted into a Nursing Program: (name)? \_\_\_\_\_

\_\_\_\_\_

Have you been accepted into another medical/health program? (name) \_\_\_\_\_

\_\_\_\_\_

Extra curricular activities: Please attach your resume showing what work/volunteer/sports activities etc. you participated in while attending high school.

Why are you applying for this scholarship award, please attach an autobiographical sketch of not more than 150-200 words; include reasons for your application to this scholarship.

**\*\*\*The following must be included with this application:**

- \_\_\_ An autobiographical sketch of not more than 150-200 words.
- \_\_\_ A complete **official** transcript of your high school grades 9-11 and **all** senior year report cards.
- \_\_\_ SAT or ACT scores from the Guidance Department.
- \_\_\_ A copy of the resume you have sent with your college applications.
- \_\_\_ A letter of recommendation.

The scholarship application **will not** be accepted without all the aforementioned items. The scholarship packet should be returned to the attention of: Old Saybrook Public Health Nursing Board and delivered to the Town Hall, Administration Office by the scholarship deadline. Deadline:  
Questions contact Betsy Owen at [owen36@comcast.net](mailto:owen36@comcast.net).