



Post Office Box 546 ~ Mocksville NC 27028~ 336-753-6903

Davie County Hospital Auxiliary Scholarship Application Form

Applicants must be Davie County residents and must have been accepted into an Associate Degree Nursing Program.

Please type or print using black ink.

STUDENT INFORMATION

Name: _____
Last First Middle

Mailing Address: _____

I am a legal resident of _____ County, since _____ (Legal resident date).

Last Four Digits SS#: _____ Birth Date: _____ Sex: M F

Home Phone: _____ Cell Phone: _____

School E-Mail Address: _____

Date of Birth: _____

Mother/Guardian/or _____ Father/Guardian/or _____
Nearest Living Relative (if under 23 years of age) Nearest Living Relative (if under 23 years of age)

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Number of siblings living with you: _____ Ages: _____
(Asterisk (*) any that are currently in college)

EMPLOYMENT HISTORY

Describe your work experience. Indicate dates of employment in each job and approximate number of hours worked each week.

| Company / Position / Phone | From (mo / yr) | To (mo / yr) | Hours Per week |
|----------------------------|----------------|--------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

ESSAY (No more than one page in length): Why do you want to be a nurse?

A complete application package should include the following required documents:

- **2-Page Application Form and 1-Page Essay**
- **Official College Transcript**
- **Copy of the FASFA “Expected Family Contribution” calculation** ([Summary Page with EFC score ONLY](#))

COLLEGE INFORMATION

Name of College you are attending: _____

Date of Graduation: _____

Have you been accepted into the Nursing Program? _____

Annual College Expenses: _____

Anticipated Financial Aid: List all scholarships, financial aid packages, work-study programs, etc along with the amount for which you have applied. Asterisk (*) those received.

| Name | Amount | Name | Amount |
|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

COLLEGE EXTRACURRICULAR ACTIVITIES

| Activity | Year(s) F, S, Jr, Sr | Awards / Honors |
|----------|----------------------|-----------------|
| | | |
| | | |

COMMUNITY SERVICE – While in College

List all community volunteer service you have performed. Indicate all special awards and honors.

| Type of Activity, Organization | Year(s) F, S, Jr, Sr | Awards / Honors |
|--------------------------------|----------------------|-----------------|
| | | |
| | | |

Check here if current member of Student Nurses Association

Association # _____

Please mail complete application package to:

**Davie Community Foundation, Inc.
PO Box 546
Mocksville, NC 27028**