



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

SAMUEL S. FOSTER SCHOLARSHIP APPLICATION FORM

Applicants must be Davie/Rowan County residents and must have been accepted into an Associate Degree Nursing Program and completed two (2) semesters.

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).

Social Security Number: _____ Birth Date: _____ Sex: M F

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ Religious Affiliation _____

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 and why do you deserve a college scholarship?

A complete application package should include the following required documents:

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

SCHOOL INFORMATION

Name of School you are currently attending: _____

Expected Date of Graduation: _____

EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, ASSOCIATION MEMBERSHIPS

List any school or community activities in which you have and any career related associations to which you are a member.

Activity / Organization / Association	Dates	Description

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**