



HELEN & BLANCHE STARK MEMORIAL SCHOLARSHIP FUND

(Administered by Sturdy Memorial Foundation, Inc.)

SCHOLARSHIP APPLICATION

This application is for students interested in the field of Nursing. (*High school students or graduates who are residents of Foxborough, Massachusetts and are accepted or enrolled in an accredited nursing program may apply.*)

APPLICANT _____

Last Name

First Name

Middle Name

Home Address _____

Street

City/Town

State & Zip Code

Telephone (____) _____ **Date of Birth** _____

E-Mail Address _____

Name of High School _____ **Yr of Graduation** _____

Name & Address of School Accepted to/ Enrolled at: _____

Are You Presently Employed? _____

Y/N

Full or Part Time

Salary

Name & Address of Employer _____

Applicant Is Currently Living With: (*Please check those that apply.*)

Father: Name _____

Employer _____ Position Held _____

Mother: Name _____

Employer _____ Position Held _____

Stepparent: Name _____

Employer _____ Position Held _____

Spouse: Name _____

Employer _____ Position Held _____

Dependents in Household: (Do not include yourself.)

<u>Name</u>	<u>Age</u>	<u>School Attending</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Persons Receiving Financial Assistance From Family (not included above), and Relationship to Applicant.

Have You Applied For Financial Aid From Other Sources? _____

If Yes, Where? _____

REQUIREMENTS:

1. Please describe in writing and attach to this application why you need financial assistance to pursue a degree in the field of nursing (limit to one page).
2. Please submit a letter of recommendation with this application from a teacher or employer.
3. Please include an official transcript with this application.

APPLICANT'S SIGNATURE _____ **Date** _____

COMPLETED APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2009

(An incomplete or late arriving application will not be considered.)

Send to: **Helen & Blanche Stark Memorial Scholarship Fund**
Sturdy Memorial Hospital Volunteer & Student Services
P. O. Box 2963
Attleboro, MA 02703-0963

All information furnished is confidential and will only be used by the Scholarship Committee of the Sturdy Memorial Foundation, Inc.

You may reapply for a scholarship each year, if you wish, as long as you are a resident of Foxborough, Massachusetts, and you are enrolled in an accredited school of nursing or institution of higher education leading to a graduate nursing degree. Applications are available in the Volunteer & Student Services Office at Sturdy Memorial Hospital - 508-236-8800.