

GILBERT E. BRILEY NURSING SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

FULL NAME:		
DATE OF BIRTH:	SEX: MALE _____ FEMALE _____	
DAYTIME PHONE:	EMAIL:	
PERMANENT ADDRESS:		
CITY:	STATE:	ZIP:

STUDENT INFORMATION

I HAVE EARNED A HIGH SCHOOL DIPLOMA OR EQUIVALENT: YES _____ NO _____		IF YES, YEAR OBTAINED: _____
HIGH SCHOOL ATTENDED:		
CITY:	STATE:	ZIP:
NAME OF COLLEGE/UNIVERSITY CURRENTLY ATTENDING:		
CITY:	STATE:	ZIP:
NURSING DEGREE SOUGHT: RN _____ LPN _____ OTHER (PLEASE EXPLAIN) _____		
STUDENT ID NUMBER:	EXPECTED GRADUATION DATE:	

I HEREBY AUTHORIZE AND REQUEST THE STUDENT FINANCIAL AID OFFICE AT _____
Name of College or University
 TO RELEASE THE FOLLOWING REQUESTED INFORMATION BELOW TO UNION SAVINGS AND LOAN ASSOCIATION, AS TRUSTEE OF THE GILBERT E. BRILEY TRUST.

 Applicant Signature _____ Date

Note to Applicant: Accompanying this application, please attach a short type-written document explaining your need for financial assistance, your motivation for becoming a nurse and any additional information that you would like to have considered by the scholarship selection committee.

THIS PORTION TO BE COMPLETED BY STUDENT FINANCIAL AID OFFICE

1) TOTAL CURRENT COLLEGE CREDITS: _____	2) IN GOOD STANDING: YES _____ NO _____
3) CUMULATIVE G.P.A. (4.0 SCALE): _____	4) ENROLLMENT STATUS: Full-Time _____ Part-Time _____
5) ESTIMATED COST FOR A FULL-TIME STUDENT FOR THE CURRENT YEAR: TUITION/FEES _____	
BOOKS/SUPPLIES _____ ROOM/BOARD _____ OTHER _____	
6) DO YOU EXPECT THE STUDENT TO RECEIVE FINANCIAL AID IN THE 2017-2018 SCHOOL YEAR? YES _____ NO _____	
IF YES, THE ESTIMATED AMOUNTS OF FINANCIAL AID: GRANTS _____ LOANS _____	
WORK-STUDY _____ OTHER AID _____ STUDENT HAS NOT YET APPLIED _____	

*PLEASE RETURN COMPLETED FORM TO:
 Union Savings and Loan Association
 C/O Trust Dept.
 P.O. Box 366
 Connersville, IN 47331*

 Name _____ Date

 Title _____ Phone

 Institution Name