

**BREWTON CIVIC LEAGUE  
DEMENT HAYS NURSING SCHOLARSHIP APPLICATION  
DEADLINES:  
April 1<sup>st</sup> for Summer Term  
July 1<sup>st</sup> for Fall Term  
December 1<sup>st</sup> for Spring Term**

In order to qualify for consideration applicants must meet the following criteria:

1. Be a resident of Escambia County, Alabama,
2. Be a current student in a Registered Nurse (RN) or Licensed Practical Nursing (LPN) program, including Career Mobility programs,
3. Be of high character,
4. Demonstrate academic potential, and
5. Demonstrate financial need.

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check one: Do you live with parent(s) \_\_\_\_\_, spouse \_\_\_\_\_, or on your own \_\_\_\_\_?

Please answer the following questions only if you are living with your parent(s):

Father living ( )  
deceased ( )

Mother living ( )  
deceased ( )

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

Please list ages of siblings living at home: \_\_\_\_\_

Do you have children or other dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list ages \_\_\_\_\_

ALL Colleges/Universities attended (in chronological order)

Institution	Dates	Degree?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please enclose an **official transcript** from all colleges and universities that you have attended.

Have you been accepted into a Registered Nursing program? \_\_\_\_\_

If so, name of school \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Please list the sources (including other grants, scholarships and loans) and amount of financial support available to you during the upcoming school year, together with the source and amount of other financial aid that you have requested. Please include information related to financial support from your family and income you expect to have from work. Also include the approximate cost of tuition, fees, supplies, and books for the coming year.

Grants, Scholarships and Loans Funds: \_\_\_\_\_

Financial Support from Family: \_\_\_\_\_

Income: \_\_\_\_\_

Approximate Cost of Tuition, Fees, Supplies, and Books for Academic Year: \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicants must provide the following information to the Brewton Civic League Scholarship Committee. Scholarship will be awarded on a first come, first serve basis to those who qualify.

1. Completed application form.
2. Three references from educational, personal, or professional persons. These references should provide information regarding your scholastic ability, character, and financial need. Persons providing references should use the enclosed form. The reference letters can be included with your application **OR** can be mailed directly to the address below.
3. Official transcripts from ALL colleges attended.
4. Copy of IRS Form 1040 (page 2), 1040A (page 2), or 1040EZ (page 1). **Please include a copy of IRS Form 1040 (page 2), 1040A (page 2), or 1040EZ (page 1) with your application. Use parental information if you are dependent; otherwise provide self or self/spouse information.**

Items listed above are required for a complete application package. **Incomplete application packages will not be considered.** Amount of scholarship will be determined by available endowment income.

I certify that the information submitted on this application is complete and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION WITH ALL COLLEGE TRANSCRIPTS, INCOME TAX FORMS, AND THREE LETTERS OF RECOMMENDATION TO:**

Ms. Robin Sessions, Registrar  
Coastal Alabama Community College  
220 Alco Drive  
Brewton, AL 36426

***ALL information provided to the BREWTON CIVIC LEAGUE DEMENT HAYS NURSING Scholarship Committee is kept confidential.***

**BREWTON CIVIC LEAGUE  
DEMENT HAYS NURSING SCHOLARSHIP REFERENCE FORM**

**FOR (STUDENT):** \_\_\_\_\_

**You are being asked to serve as a reference for the student named above who is applying for the Dement Hays Nursing Scholarship being awarded by the Brewton Civic League.**

**Please give a brief statement regarding each of the following areas. Additional comments may be placed on the back. You may return this letter to the scholarship applicant or you may mail it directly to the address listed below.**

**SCHOLASTIC ABILITY**

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**CHARACTER**

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**FINANCIAL NEED**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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