

**Voiture 1120
Dan Evans Memorial
Scholarship Application**

Application Date: _____

Name: _____

Address: _____

City, State, ZIP: _____

Phone #:(GOOD # THIS IS HOW YOU WILL RECEIVE NOTIFICATION) _____

Applicants acknowledge that the acceptance of any scholarship award from La Sociate', Voiture 1120 provides permission for La Sociate', Voiture 1120 to use the award information, photographs, and any non-sensitive information for future program publicity.

Educational institute currently attending: _____

List fields of study: _____

Current GPA: _____ Credit hours completed: _____

Organizational memberships and any offices held: _____

Please attach a short (200-500 word) essay explaining what nursing means to you and what your vision for the future of nursing may be.

I affirm that the preceding information is complete and correct. I understand that misrepresentation or omission of any information makes me ineligible for consideration for any scholarship award.

Student Signature

Date Signed

Your 40 & 8 sponsors name(if you have one)

Please mail application and transcript to arrive no later than March 15th, 2024 to:

**40/8 Voiture 1120- Nurse
2192 Pineland Drive
Tallahassee, FL 32317**