

**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)**

\_\_\_\_\_

**Spring application and transcripts must arrive NLT 31 March**

**Fall application and transcripts must arrive NLT 30 September**

**Application is to be mailed to: 40/8 Voiture 1120-Nurse**

**2192 Pineland Drive**

**Tallahassee, FL 32317**

**Or emailed to: [Ttmilam90@gmail.com](mailto:Ttmilam90@gmail.com)**