

ERMA ROSEN NURSING SCHOLARSHIP APPLICATION

Applicant Information

Name: _____

Permanent address: _____

Current mailing address: _____

E-mail address: _____

Home phone number: _____ Cell phone number: _____

Parent or guardian Information

Name: _____

Address: _____

Parent / Guardian Phone Number: _____

Application Education Information

What college or university are you attending?

Address: _____

Phone number: _____

What is your anticipated graduation date? ____ / ____ / ____

References

Please list three references (teachers, counselors, employers) other than relatives

Name	Relationship	Phone
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Please explain in 500 words or less why you chose nursing as a career. Do you have a special area of interest in nursing? What have been exceptional experiences in your beginning nursing courses?

Lined area for writing the response.

Addition Items Needed

Please attach official transcript from your college or university for the past year.

Mail completed application and transcript to:
FCH Foundation
Attn: Kayla Caven
PO Box 804
Fairmont, MN 56031

Applications must be postmarked by April 15, 2022