## Frank & Louise Groff

## FOUNDATION

## NURSING SCHOLARSHIP APPLICATION

	APPLICANT INFORMATION					
Last Name				First	M.I.	
Street Address						
City				State	Zip	
Phone		Cell		E-mail Address		
Date of Birth		Male	Female			

	PARENTS/GUARDIANS INFORMATION				
Mother Last			First		
Father Last			First		
Street Address					
City			State	Zip	
Phone		Cell	Email Address		

EDUCATIONAL E	EDUCATIONAL DATA					
High School						
Date of Graduation		Name of Counselor				
Class Rank	GPA					
SAT SCORES (Math/Reading & Writing)		ACT Scores				
Career Plans						

## I have applied to the following schools: (List schools in order of your preference – star any school which has sent you a letter of acceptance)

COLLEGES APPLIED TO	Estimated Cost ( tuition, room, board, books, fees)

I authorize use of my transcript, test scores, financial data and any other information furnished by me or my school in determining this award.

Applicant's Signature

Parent Signature