Adeline Stevenson Nurse Scholarship Application Form

Please attach an official transcript of all of your college credits.

Application, Attachments & references must be received by Feb. 1.

Date:

1. Full Name

2. Home Address: Street, City, State, Zip Code

Telephone & Email

3. College and Universities Attended Dates Degree

4. Professional Positions Held, Employer, and Dates Including Current Position

5. Membership in (including offices held)Professional OrganizationsHonor SocietiesCommunity Organizations

6. Educational Awards or Special Recognition

7. Proposed Graduate Work:

Give a brief statement of your education and objectives including your field of specialization and place of study.

8. References: Please list names and addresses of persons (Three (3) professional

educators) who are sending recommendations using the form provided. (Make copies of page 3.)

Name

Position

Address

Adeline Stevenson Nurse Scholarship

(Scholarship administered by Beta Chapter of the Delta Kappa Gamma Society International)

Character Reference Sheet

Name of Applicant:

A. How well and how long have you known the applicant?

B. Why do you think this person should receive a scholarship?

(Continue on back of sheet if necessary)

C. What special contribution of impact has this applicant made on her profession?

Name of Individual Completing Character Reference Sheet:

Signature:

Position:

Please return the application to Beta Chapter President. (See Chapter President list for current president.)