

Dependents in Household: (Do not include yourself.)

<u>Name</u>	<u>Age</u>	<u>School Attending</u>	<u>Grade</u>

Other Persons Receiving Financial Assistance From Family (not included above), and Relationship to Applicant.

Have You Applied For Financial Aid From Other Sources? _____

If Yes, Where? _____

REQUIREMENTS:

1. Please describe in writing and attach to this application why you need financial assistance to pursue a degree in the field of nursing (limit to one page).
2. Please submit a letter of recommendation with this application from a teacher or employer.
3. Please include an official transcript with this application.
4. Please include a copy of the Student Aid Report (SAR)

APPLICANT'S SIGNATURE _____ **Date** _____

COMPLETED APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2021

(An incomplete or late arriving application will not be considered.)

Send to:
Helen & Blanche Stark Memorial Scholarship Fund
Sturdy Memorial Hospital Volunteer & Student Services
P. O. Box 2963
Attleboro, MA 02703-0963

All information furnished is confidential and will only be used by the Scholarship Committee of the Sturdy Memorial Foundation, Inc.

Applications are available in the Volunteer & Student Services Office at Sturdy Memorial Hospital - 508-236-8800.