

Wednesday Club of Suisun
225 Sacramento Street
Suisun, CA 94585

Nursing Scholarship Application 2025

Applications must be postmarked by March 18, 2025

Date of Application_____

Name_____

Phone_____

E-mail
Address_____

Home
Address_____

City_____State_____Zip_____

Educational Background

High School(s)_____

Date of High School Graduation_____

College/University_____

Degrees Earned_____ Dates Earned_____

Nursing School attending_____

Anticipated date of program completion_____

Please list responsibilities that may interrupt or interfere with your course of study.

List activities, organizations, clubs, etc. in which you have participated .

Why have you chosen nursing as a profession? _____

Please give details of your financial need. **Need is very important information for the committee's decision.** _____

What are your educational objectives, vocational goals, and personal commitments in relation to the nursing profession? (Continue on back if needed)

Where do you plan to work after completing your course of study?

Signature _____ Date _____