

GENERAL INSTRUCTIONS

1. The applicant must be a U. S. citizen, a high school senior or graduate of an accredited high school, GED is accepted.
2. The applicant should reside in the jurisdiction (usually closest) of the Elks Lodge to which the application is submitted.
3. The applicant and parents or guardian are required to complete all parts of the application form. Items not applicable must be marked "N.A."
4. The following attachments must be included with each application:
 - A. A letter from the applicant stating their reason for wishing to become a nurse (must be 400-500 words).
 - B. A letter from the applicant's parents regarding the need for financial support, if applicable.
 - C. A transcript of the high school, GED, or nursing school scholastic record, including the school grade point average through the last reporting period prior to submission of an application; the results of ACT and/or SAT test; and the students ranking in their class.
 - D. A letter from a high school guidance counselor, principle, or teacher evaluating the applicant's ability to complete nurses training. In case of an applicant reapplying for a second scholarship, a letter from the Dean of Students or School Administrator will be required.
 - E. A letter from the applicant's employer or community leader concerning the applicant's character, honesty, and dependability.
 - F. Awards and pictorials.
 - G. Total portfolio not to exceed 20 pages.
5. Applicants must use the official TEBT application form (photocopies are accepted) that have been signed by the student, parent(s), or guardian(s), and lodge officials.
6. High school, GED, College or Nursing School transcripts of student records may be photocopied. Photocopies of ACT, SAT, and other test results are also acceptable.
7. All applications must be neatly bound on the left side in a standard binder (not a 3 ring notebook). Any identification of the applicant on the front cover is not necessary.
8. All incomplete applications will not be considered for assistance. It is imperative that all information be set forth, especially as to your cost to attend your chose coarse, so that we may evaluate your needs.
9. All scholarships are in the form of Certificates of Award issued by the Scholarship Secretary of the Tennessee Elks Benevolent Trust conditioned upon the enrollment of the student in an accredited school of nursing. Upon receipt of "Verification of Enrollment" completed by the proper school officials, a TEBT check in the amount of the scholarship award will be forwarded to the school to establish credit for the student, for the ensuing academic year. Payments may not be used to cover retroactive charges.

JUDGING WILL BE FOR THE FOLLOWING:

Scholastic Achievements:	GPA, proficiency in subjects essential to nursing curriculum, honors, etc.
Desire and Interest:	Volunteer service, employment, motivation, good aptitude to the profession.
Need:	Financial need and resourcefulness.
Brochure:	Completeness, neatness, and following directions.

Tennessee Elks Benevolent Trust

Application for Scholarship in Nursing

This application must be filled out with the Scholarship Chairperson of the B. P.O. Elks Lodge Nearest to the applicant's residence in order that it may be judged by the sponsoring Lodge's Scholarship Committee and the Major Project Committee of the Tennessee Elks Association.

Application must be turned in to the local lodge no later than February 15!

(May be legibly written or typed)

Applicant's Full Name _____

Address _____
Street City State Zip

Email Address _____

Telephone Number _____ Marital Status _____

Date of Birth _____ Social Security Number _____

Name and Location of High School _____

Date of Graduation _____ Type of Diploma _____

Grad Point Average (4 years) _____ ACT or SAT Score _____

Offices Held in Class or School Organizations _____

If applicant has graduated from High School, list the name and location of all other schools attended or attending

Out-of-School Activities: Awards, Offices, etc. _____

Volunteer Services (Church, Community, Hospitals, Nursing Homes, School)

List the dates that the volunteer service was performed and the average weekly hours for each separate activity.

Service From	Service To	Location	Hours	Total Hours
--------------	------------	----------	-------	-------------

Sponsoring Lodge Endorsement

This application and attachments have been reviewed, the contents verified, and found to be in conformity with the rules and regulations set forth by the Tennessee Elks Benevolent Trust.

Chairperson, Lodge Scholarship Committee	Date	Exalted Ruler or Secretary	Date
--	------	----------------------------	------

_____ Lodge No. _____

Applicant's Signature

Date

Employment

List dates of employment, and average weekly hours worked while attending school.

Employed From	To	Employer	Type of Job	Average Hours
---------------	----	----------	-------------	---------------

If no employment or volunteer service, please explain why. _____

Have you applied for or expect scholarship assistance from any other source? _____ If yes, please provide all details. _____

Name and location of the approved* school of nursing that you plan to attend. _____

Upon completion of your training do you plan to remain in Tennessee? _____ If not, where? _____

*Accredited school of nursing (college or hospital) in the state of Tennessee or any other school approved by the Executive Board of the Tennessee Elks Benevolent Trust.

TO BE COMPLETED BY ALL APPLICANTS

Budget for full academic year of _____	How many months _____
Tuition and Fees (full academic year, not monthly)	\$ _____
Books and Supplies	\$ _____
Room and Board	\$ _____
Travel	\$ _____
Total of Above	\$ _____

LESS ANTICIPATED INCOME:

Parents Contribution	\$ _____
Student's Contribution	\$ _____
Summer earnings	\$ _____
College Work/Study Employment	\$ _____
Other Scholarships, Grants, or Loans (details):	\$ _____

Total of Above \$ _____

Amount needed to balance school budget for the year \$ _____

In order to properly evaluate this application, the information on the next page is essential. Select the area which best fits the applicant's circumstances. A dependent application is one who relies on his/her parents for the basic and major part of his/her support. An independent applicant is one who is on his/her own and derives the basic and major part of his/her support from himself/herself and/or a spouse. **Incomplete information in this area will disqualify the applicant.**

I certify that the statements in this application are true.

Father's signature

Mother's signature

Spouse's signature

TO BE COMPLETED BY UNMARRIED APPLICANTS DEPENDING ON PARENTS:

Father's name _____ Age: _____ Occupation: _____
Mother's name _____ Age: _____ Occupation: _____
Parent's marital status Father: Married _____ Widowed _____ Divorced _____ Remarried _____
 Mother: Married _____ Widowed _____ Divorced _____ Remarried _____

Father's annual income before taxes \$ _____
Mother's annual income before taxes \$ _____
Applicant's annual income before taxes \$ _____
All other taxable or non-taxable income not included above
(Including pensions, Social Security/disability, interest, dividends, etc.) \$ _____

Gross Income (total of above) \$ _____

Number of Dependents (excluding father & mother) _____
Number of Dependents attending college at present time _____
Medical & Dental expenses not paid by insurance \$ _____
Emergency expenses (flood damage, etc.) \$ _____
Total market value of home \$ _____
Amount of unpaid mortgage \$ _____
If no home is owned – amount of annual rent \$ _____
Do you own a business or farm? _____ Market Value \$ _____
What is the NET profit? \$ _____
Value of bank accounts \$ _____
Value of other investments (bonds, CD's, stocks, etc.) \$ _____
Any unusual circumstances, please explain: _____

Does your father or mother have a pension plan other than Social Security? _____ Yes _____ No

TO BE COMPLETED BY MARRIED OR INDEPENDENT APPLICANTS:

Applicant's marital status: Single _____ Married _____
Spouse's name: _____ Age: _____ Occupation: _____
Applicant's annual income before taxes \$ _____
Spouse's annual income before taxes \$ _____
All other taxable or non-taxable income not included above
(Including pensions, Social Security/disability, interest, dividends, etc.) \$ _____

Gross Income (total of above) \$ _____

Number of Dependents (excluding applicant & spouse) _____
Is the applicant's spouse attending school? _____
Medical & Dental expenses not paid by insurance \$ _____
Emergency expenses (flood damage, etc.) \$ _____
Total market value of home \$ _____
Amount of unpaid mortgage \$ _____
If no home is owned – amount of annual rent \$ _____
Do you own a business or farm? _____ Market Value \$ _____
What is the NET profit? \$ _____
Value of bank accounts \$ _____
Value of other investments (bonds, CD's, stocks, etc.) \$ _____
Any unusual circumstances, please explain: _____