

**ID # \_\_\_\_\_**  
For CVCF use only

**Chosen Valley Community Foundation  
Alice Manahan Nursing Scholarship Application**

Applications must be post-marked by **July 31, 2010**

Eligible applicants must meet the following criteria:

- Have not previously received an Alice Manahan Nursing Scholarship
- Graduate of Chatfield Public School and/or currently reside in the Chatfield School District.
- Be a full-time student in a college or university with an accredited nursing program
- Been accepted into an accredited nursing program. Proof of acceptance, such as a letter of admission, must be included with your application.

Funds will be awarded to scholarship recipients after evidence of completion of one academic semester in the nursing program. Award checks will be made out jointly to the school and the applicant.

**Please Print or Type:**

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Local Address \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Or Years Residing in Chatfield School District \_\_\_\_\_

**I hereby certify that all information provided on this form is true and accurate to the best of my knowledge. Furthermore, I give permission for members of the Chosen Valley Community Foundation (CVCF) or its Designee to interview any person and obtain all information listed on this form, including access to my files. I understand that receipt of a scholarship is provisional upon my successful completion of one semester of college in an accredited nursing program. I authorize CVCF members or Designee to notify newspaper(s) of my award, and I agree to participate in any appropriate scholarship awards program.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



