La Societe des 40 Hommes et 8 Chevaux
Voiture Locale No. 903 Clinton County
1098 Renovo Road, Mill Hall, PA 17751
(570) 748-9384

RULES
STUDENT FOR NURSES TRAINING FUND
BY
FORTY ET EIGHT VOITURE LOCALE NO. 903

(1) Why do you want to be a Nurse?

(2) Are you interested in helping people?

(3) We need a letter from a College of Nursing, or Universality of Nursing, or School of Nursing , showing that you have been accepted.

(4) You must, if accepted send as copy of your grades to our Chairman of Nurses Training after each semester.

(5) If you are accepted and we give you a Scholarship and then you decide on your own that Nursing is not what you want in life and you quit, you must return all funds that was given to you by Voiture Locale No. 903 Clinton County.

(6) If you are accepted and we give you a Scholarship and you HEALTH or FAMILY problems, you do not have to return any monies.

(7) Your Scholarship will be $1,000.00 per year for a four (4) year period.

Signed _____/___/___/___/
Student

Signed _____/___/___/___/
Witness

APPLICATION FOR SCHOLARSHIP GRANT

From

THE 40 & 8
GEORGE B. BOLAND NURSES TRAINING TRUST FUND

Forward to the National 40 & 8- George B. Boland Scholarship Trust Committee
777 N. Meridian St., Indianapolis, Indiana 46204

This form should be used ONLY by those pursuing an Associate or Bachelor Degree in Nursing

INSTRUCTIONS

1. Read carefully the Rules of The National 40 & 8-George B. Boland Scholarship Trust Committee, to insure that your Application meets all requirements.

2. Clearly type or print all information.

3. Do not omit any information. If an item is not applicable, write "N/A".

4. Several signatures are required. Applications submitted without ALL the necessary signatures will not be processed, and will be returned for completion.

5. Be sure to include ALL requested attachments such as photograph, transcripts of records, etc.

6. Item 16 asks for a release to publicize this program, and for general public relations purposes. Should you agree, the National 40 & 8-George B. Boland Scholarship Trust Committee may use your name and photograph ONLY. ALL other information requested and contained in this application, will be maintained in strict confidence.

NOTICE: TO BE ELIGIBLE FOR A SCHOLARSHIP GRANT YOU MUST BE CONSIDERED A FULL-TIME STUDENT BY THE EDUCATIONAL INSTITUTION

APPLICANT INFORMATION

Paste Photograph Here

1. Name _____ (First) (Middle) (Last)
2. Address _____ (Number & Street)
   _____ (City) (State) (Zip Code)
2.5 E-mail Address: _____
3. Date of Birth _____
4. Social Security No. _____
5. U.S. Citizen _____ Yes _____ No
6. Marital Status: _____ Single _____ Married _____ Divorced _____ Separated
7. Home Telephone (include area code) _____
8. List below all dependents of Applicant

NAME	AGE	RELATIONSHIP

9. Parent's or Guardian's Name _____
10. Parent's or Guardian's Address _____ (Number & Street) (City) (State) (Zip Code)
11. Parent's or Guardian's Home Telephone (include area code) _____
12. List below all dependents of Parents (Do not list Parents).

NAME	AGE	RELATIONSHIP

13. List the names and addresses of three persons in your community who know you.

NAME	ADDRESSES

14. Who suggested that you apply to this Trust Fund for aid?
    _____ (Name) _____ (Address)
15. Are you being recommended by a local Voiture or member of the 40 & 8? _____ Yes _____ No
    If yes, list _____ (Name) _____ (Address) Voiture# _____
16. If granted aid, will you permit the 40&8 to use your name and photograph ONLY, for public relations purposes? (See Application Instructions #6 on front) _____ Yes _____ No

EDUCATIONAL INFORMATION

17. High School and/or College | Address | Dates of Attendance | Degree or Diploma

_____ _____ _____ _____

_____ _____ _____ _____

18. Attach transcript of your record at each school listed above.

19. Scholastic Aptitude Results - Verbal _____ Math_____

20. What Institution do you plan to attend?

_____ _____ _____
(Institution) (Department) (Dept. Director of Program)

21. Have your credentials been filed with the registrar at the above institution? _____Yes _____No
22. Have you been accepted at the above Institution? _____Yes _____ No
23. Have you applied or do you attend to apply for other Scholarships, Fellowships? _____Yes _____No
If "Yes". explain:

24. On a separate blank sheet of paper. type out in full detail, your future professional career plans. and attach it to this application form. Include your reasoning for choosing a Nursing career; the field in which you plan to specialize; results of any special tests, and any other pertinent information you wish the committee to consider, that is not otherwise included in this application.

FINANCIAL INFORMATION

25. Annual Income _____ Applicant _____ Parents, Guardian or Spouse

26. Explain why you are in need of. and requesting, financial assistance.
(Continue on a separate blank sheet of paper if needed)_____

APPLICANT'S STATEMENT

If I am granted aid, I hereby certify that:

1. I am in need of the aid in order to begin or to continue my education.
2. I will not be receiving aid from the Regular 40 & 8 Nursing Training Program during the same period of time. which would be covered by a grant from the National 40 & 8 George B. Boland Nurse Training Trust Fund.
3. I am, or will be, properly enrolled as defined by the Office of the Registrar.
4. I will use the proceeds of the aid only for the payment of tuition and required fees, board and room, or similar living expenses. and for other school-related expenses.
5. I agree to notify the National Committee. at its Principal Office, within 30 days if I drop out of the Nurses Education program for which such grant was made.
6. I will forward copies of my grades at mid-term and at the end of the academic year to the National Committee as its Principal Office.
7. I hereby acknowledge that the information submitted herewith is true and correct.

Date _____ _____
Signature of Applicant

PARENT OR GUARDIAN'S STATEMENT

To the best of my knowledge. the information reported is complete and correct. I understand that

_____ is applying for financial aid to help with educational expenses at
(Name of son or daughter)

_____
(Name of Educational Institution)

Date _____ Signature of parent or guardian_____

VOITURE LOCALE STATEMENT

This application for grant from the George B. Boland Nurses Training Trust Fund is being submitted from our Voiture Locale's jurisdiction. The following information should be completed by the Chef de Gare or Correspondant.

1. Does this Voiture have a regular Nurses Training Program? Yes _____ No _____

If "No", do not complete application as the individual is ineligible. The Rules of the Trust says the Voiture must have a current Nurses Training Program, helping at least one or more students and live within the Voiture Locale's County Jurisdiction.

(a) How many students is your Voiture sponsoring? _____

(b) How much money per student has been expanded for current Voiture year? $_____.____

(c) Have all budgeted funds for the current year been expended? Yes _____ No _____

(d) Are students expected to repay Voiture Locale after Graduation? Yes _____ No _____

Voiture # _____ Signed _____
Chef de Gare/Correspondant

INSTITUTION'S STATEMENT

It is understood and agreed to by _____ that:
(Name of Institution)

1. Any funds granted to _____ (Name of Applicant) by the National 40 & 8 George B. Boland Nurses Training Trust Fund shall be paid to the above named Institution.
2. Such funds shall be pro-rated either quarterly or by semesters to the account of the recipient for the term of our academic year.
3. It is the sole prerogative of the National 40 & 8 – George B. Boland Nurses Scholarship Trust Committee to either require the return of any unexpended part of the funds specified in (1) above, or apply such unexpended amount to another applicant.
4. In the opinion of the above named Institution, the above named applicant has the necessary qualifications and has demonstrated a sincere desire to pursue a nursing career.

NOTICE: TO BE ELIGIBLE FOR A SCHOLARSHIP GRANT THE APPLICANT MUST BE CONSIDERED A FULL-TIME STUDENT BY THE APPLICABLE EDUCATIONAL INSTITUTION

Date _____ _____ _____
(Authorized Signature) (Title)

(Check one) Registrar: _____ Financial Aid Office: _____ Scholarship Coordinator: _____ Other: _____

Address _____ Room# _____

City _____ State _____ Zip _____ Phone# _____