

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 North Meridian Street, Indianapolis, IN 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.
- 6) The application 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 your educational institution.



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

**This scholarship is \$1,000 each year for a 4-year period.**

Please type a response to questions 1 & 2 and attach to this application.

- 1. Why do you want to be a nurse?**
- 2. Are you interested in helping people?**

**Rules for the Student for Nurses Training Fund by Forty et Eight  
Voiture Locale No. 903:**

- Attach a copy of your letter of acceptance from your college or university.
- If awarded the scholarship, you must send copies of your grades to our Chairman of Nursing after each semester.
- If you are awarded the scholarship and you switch majors and/or decide that nursing is not your career goal any longer, you must return all funds that were given to you by Voiture Locale No. 903, Clinton County.
- If you are awarded the scholarship and you have health or family issues, you do not have to return any money.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Applicant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone Number ( ) \_\_\_\_-\_\_\_\_

Parent/Guardian Name and Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Phone Number ( ) \_\_\_\_-\_\_\_\_

Please list your siblings:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List names and contact information for three references in your community:

Name	Phone Number or Email	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who suggested that you apply for this scholarship?

Name \_\_\_\_\_ Phone Number or Email \_\_\_\_\_

Are you being recommended by a local Voiture or member of the 40 & 8 Club #903?

\*If yes, please list their name: \_\_\_\_\_

If you are awarded the scholarship, will you permit the 40 & 8 to use your name and photograph for public relations purposes? \_\_\_\_\_Yes \_\_\_\_\_No

Educational Information

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

(Please attach a copy of your most recent high school transcript.)

SAT Score: \_\_\_\_\_Reading/Writing \_\_\_\_\_Mathematics

Name of college/university you are attending: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**\*\*Please attach a separate typed page and include in full detail your future professional career plans, including your reasoning for choosing a nursing career, the field in which you plan to specialize, and any other pertinent information you wish to include for the committee to consider.**

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**Financial Information**

Annual Income from Parent/Guardian \$ \_\_\_\_\_

Annual Income from Student \$ \_\_\_\_\_

Explain why you are in need of financial assistance for college.

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Have you applied for other scholarships? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please explain.)

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**Applicant Statement**

I hereby acknowledge that the information submitted on this application is true and correct, to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Statement**

To the best of my knowledge, the information reported on this application is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_