

Marilyn Hunter Thompson Nursing Scholarship of Excellence
Scholarship Application

Application should be completed in ink.

NAME: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Student's Cellphone: _____

Date of birth: Month: _____ Day: _____ Year: _____

Gender: Male Female

Parent(s) name: _____

Name of college you will be attending: _____

Major: _____

Please tell us your reason for choosing this school:

List your academic honors, awards, and membership activities. You may attach this if necessary.

List your community service activities, hobbies, outside interests and extracurricular activities. You may attach this if necessary.

Please state why you feel you deserve this scholarship. You may use this form or attach your own essay. (At least 500 words)

2 Letters of recommendations (from non-relatives)

Statement of Accuracy and Release of Information

Student and Parent please check, sign and date.

I hereby affirm that all stated information provided by me is true and correct to the best of my knowledge.

I give _____ High School permission to send this scholarship application including current transcript, test scores, class rank and GPA to participating organizations for scholarship opportunities.

I also consent that my picture may be taken and used for any purpose deemed necessary to promote any scholarships that I may receive.

Student must have a 3.5 or higher to receive this scholarship.

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

(Students may attach any additional materials they choose to this application.) Page 3 of 3

Please return applications to the following address No later than 19 April 2024:

Marilyn Hunter Thompson Nursing Scholarship of Excellence
C/O Verna Oates
1101 Trinidad Drive
Fort Worth TX 76140

- Information to be requested from High School –

High School Name: _____

For Counselor Use Only:

Student name:

GPA: _____ Rank: _____ Class size: _____

SAT Score: _____

Date: _____

English _____ Math _____ Reading _____ Science _____ Composite _____

ACT Scores: _____

Date: _____

English _____ Math _____ Reading _____ Science _____ Composite _____

Date Application Received _____

Counselor Name & Number: _____

Registrar/Counselor's Assistant: _____

Checklist for Application

_____ ***A completed application. (Do Not leave any items Blank)***

_____ **2 Letters of Recommendation (from Non-Relatives)**

_____ **Essay 500 words of your personal career goals and why you should receive this scholarship**

_____ **Acceptance Letter**

_____ **Commitment Letter to College**

_____ **Any attachments necessary**

_____ **If chosen, I acknowledge that I must travel to Texarkana Texas to the Scholarship Ceremony in order to receive it and be on time.**

Important Note to Student:

This event is Business Casual. Student must be present to receive scholarship.

If you are chosen, you must submit your student ID number within the second week of school or you will forfeit your scholarship money. All scholarships will be sent to the school where the student will be attending. The student's name and Student ID number will appear in the memo area of the Cashier's check addressed to the college student will be attending. The college will then credit the student's account. You must check your account to insure that your scholarship money is credited to your account. If there is a problem, please notify me as soon as possible @ 817-939-8338.