

## ***General Hospital #2 Perpetual Trust Fund***

The students eligible for assistance are as follows:

- African-Americans enrolled in any accredited school of nursing in the five county Greater Kansas City area (Jackson, Clay and Platte Counties in Missouri, and Johnson and Wyandotte Counties in Kansas) and St. Joseph, Missouri.

Application must include:

- Written essay regarding why you choose the field of nursing and what this award would mean to you.
- Official transcript of academic standing, including grade point.
- A recent passport picture.
- Two references from persons familiar with your academic performance.
- One reference from a non-related person who can comment on your maturity, motivation and commitment.

Scholarship amount: Minimum of \$500.00. The award check is made copayable to the school of attendance and the award winner and sent directly to the school.

Application Deadline: **March 31.**

# *General Hospital #2 Perpetual Trust Fund*

## Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Area Code)

Social Security Number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Nursing School Program: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

What year are you in the program: \_\_\_\_\_

<u>Household Members (Include Yourself)</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Financial Status:  
Adjusted Gross Household Income for Previous Calendar Year: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_  
Amount you have saved: \_\_\_\_\_  
Amount contributed by family: \_\_\_\_\_  
Other sources of income: \_\_\_\_\_