Susan K. Goddard Nursing Scholarship 2014 Application Form

1.	Name:		Date:
	Street Address:		
	City:	State:	Zip:
	Phone:	Birth Date:	
	School:		
2.	List volunteer, school and community service involvement.		
3.	Name and address of applicant's educational institution for the Fall of 2014.		
4.	Names and titles of two (2) individuals familiar with applicant. One from current school of nursing and one community leader (please attach letters of recommendation).		
5.	Current GPA (please attach documentation from the school).	Date of anticipated graduati	ion.
6.	On a separate sheet of paper, describe why you chose nursing as a professional, and list the goals you hope to achieve in your career (one page or less).		