

NURSING SCHOLARSHIP RE-APPLICATION

[Deadline: June 1 of each year]

Every twelve months prior to June 1, recipients must reapply for the next school year (Fall - Spring) to let us know you still qualify and want to continue your scholarship and update your information by furnishing to the Foundation:

1. Scholarship Re-Application Form
2. Evidence of college registration for the upcoming semester.
This confirmation should reflect (a) college or institution name,
(b) student name, and (c) courses and hours as registered.

IMPORTANT: Please read carefully and complete fully. Use reverse or attach additional sheets, if required.

Re- Application Date _____	Scholarship Assistance Requested For: [] Fall 20____ [] Spring 20____
Student Name _____	Soc Sec _____
Permanent Mailing Address (include city & zip code) _____ _____	Area Code/Phone _____ Alternate Phone _____ Area Code/Fax _____
[] check here if this is a new address	E-mail address _____

College You Will Attend Next Semester _____	Anticipated date of college graduation _____ Anticipated degree _____
Major _____	Are you a graduate student? _____
Has your Major Field of Study changed? _____	If yes, please review Approved Major Fields of Study in the instructions and explain: _____ _____ _____

Other Financial Aid (TOPS, Grants, Scholarships, Loans)	Amount	Dates
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Has there been a change in marital status, number of dependents, income, health or other circumstances that you feel affect your continued education or eligibility for this scholarship? _____ Please explain.

I have carefully read and understand the terms and conditions governing this scholarship. I have answered all questions honestly, and submit this re-application through my own initiative. I agree that funds received will be used for living and instructional purposes only. If selected, I understand that the Foundation may take reasonable and appropriate steps to recover funds if I fail to meet scholarship requirements or to ensure the restoration of funds to proper purposes, including legal action if necessary.

Student's Signature _____ Parent's Signature (if applicable) _____

Mail or Fax (if faxing, please follow up with hard copy original by mail to insure receipt) with evidence of registration for next semester to:

The Olive Tupper Foundation, Post Office Box 6300, Lake Charles, LA 70606-6300
Fax (337) 474-2838 • Phone (337) 474-2840