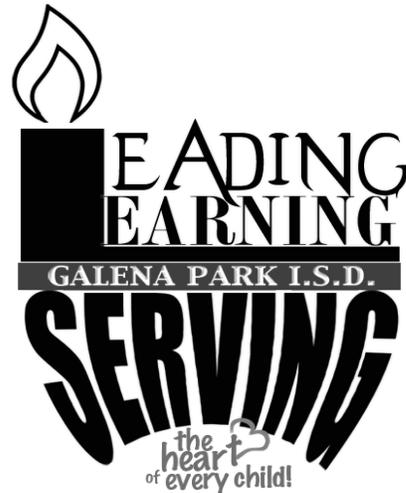


Galena Park Education Foundation

14705 Woodforest Blvd

Houston, Texas 77015



Marlene Richeson Nursing Scholarship Application

2019

OFFICIAL RULES

In order to be eligible for this scholarship, applicants must complete the application in its entirety and return it to the Galena Park or North Shore Senior High School counselors' office by the deadline, Thursday, March 7, 2019.

All applicants must:

- Graduate from Galena Park ISD High School in Spring 2019
- Enroll in a college or university Fall 2019
- Plan on majoring in nursing
- Earn at least a 3.0 Fall 2019 for a \$500 scholarship in Spring 2020
- Once accepted into a college of nursing (junior year), the recipient will receive another \$500 scholarship

STUDENT APPLICATION

APPLICATION INFORMATION MUST BE TYPEWRITTEN EXCEPT FOR SIGNATURES

APPLICATION DATA:

LAST NAME	FIRST NAME	MIDDLE NAME
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STREET ADDRESS

CITY, STATE, ZIP

DOB	PLACE OF BIRTH	AGE
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FATHER'S NAME	OCCUPATION
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MOTHER'S NAME	OCCUPATION
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COMMUNITY ACTIVITIES	VOLUNTEER ACTIVITIES	EXTRA-CURRICULAR ACTIVITIES

FUTURE PLANS:

COLLEGE/UNIVERSITY ATTENDING	TYPE OF NURSING JOB DESIRED
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ESSAY REQUIREMENT:

Please attach a brief summary of no more than two pages explaining why you plan on majoring in nursing.

PERSONAL INCOME AND WORK EXPERIENCE:

Are you currently employed?	YES If yes, where and how many hours per week?	NO
Will you need to work while in college?	YES	NO
Do you or your family have any savings for college?	YES	NO
Are you applying for other scholarships?	YES	NO

APPLICATION CHECKLIST:

This application for the scholarship becomes complete and valid only when you have submitted the following materials together in an envelope.

- ___ Student Application
- ___ Essay Requirement (attached)
- ___ High School Transcript (unofficial copy)

Hand deliver application to:

Ms. Heidie Hegman (Academic Advisor) – North Shore Senior High School

Ms. Brandi Couch (Academic Advisor) – Galena Park High School

Ms. Janace Soders - -Early College High School

SELECTION OF RECIPIENTS:

The Marlene Richeson Nursing Scholarship Committee has the sole responsibility of selecting the recipient.

CERTIFICATION:

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. Once submitted, this application becomes the sole property of Galena Park's Education Foundation.

ALL INFORMATION IS STRICTLY CONFIDENTIAL AND WILL ONLY BE USED FOR THE PURPOSE OF THIS SCHOLARSHIP

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____