

**FREEPORT MEMORIAL ALUMNI NURSING**  
**2024-2025**  
**SCHOLARSHIP APPLICATION**

The information requested in this application will help the scholarship committee determine your qualifications for a scholarship. Therefore, it is to your advantage to give as complete and accurate answers as possible to all questions.

**FILING DEADLINE: June 1, 2024**

**Criteria:**

Student must be accepted in a nursing program. Please attach your acceptance letter to this application along with the name and address of the school you will be attending. Attach at least two professional references, as well. The check will be mailed to the school, not the student.

*Please print or type clearly. Use extra paper if necessary.*

**Applications may be mailed to:**  
Cheryl Schofield  
1003 Longhorn Ct  
Freeport, IL 61032  
**OR**  
Marilyn Thoren  
3304 W. Orangeville Rd  
Orangeville, IL 61060

Applicant's name: \_\_\_\_\_ Telephone : (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Your High School or GED program: \_\_\_\_\_ High School/GED GPA: \_\_\_\_\_

1. In a paragraph, write about your educational and vocational goals.

2. Please list and describe your extracurricular and community activities (involvement in the community, including any organizational, civic, or volunteer work).

3. Please list any honors/awards/recognition you have received.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have enclosed scholarship nursing application forms for any students going into a nursing program next year. If you would need more forms please feel free to make more copies. If any questions you can contact myself...Cheryl Schofield @ (815)541-9657. Thank You!