

HELEN & BLANCHE STARK MEMORIAL SCHOLARSHIP FUND (Administered by Sturdy Memorial Foundation, Inc.)

2021 SCHOLARSHIP APPLICATION

This application is for students interested in the field of Nursing. (High school students or graduates who are residents of Foxborough, Massachusetts and are accepted or enrolled in an accredited nursing program may apply.)

APPI	LICANT				
	Last N		First Name	Middle Name	
Home	e Address				
	Street		City/Town	State & Zip Code	
Telep	hone ()		Date of Birth		
E-Ma	nil Address				
Name	e of High School		Yr of Graduation		
Namo	e & Address of Schoo	ol Accepted to/ Enro	olled at:		
Are Y	You Presently Employ	yed?	Full or Part Time	Salary	
			check those that apply.)		
	Father: Name				
	EmployerPosition Held				
	EmployerPosit				
				eld	
	Spouse: Name				
				eld	

Dependents in Househol	ld: (Do not include ye	ourself.)	
<u>Name</u>	<u>Age</u>	School Attending	<u>Grade</u>
Other Persons Receiving Applicant.	g Financial Assistanc	e From Family (not included	l above), and Relationship to
		her Sources?	
REQUIREMENTS:			
a degree in the field	of nursing (limit to one ter of recommendation ficial transcript with thi	page). on with this application from sapplication.	d financial assistance to pursue a teacher or employer.
APPLICANT'S SIGNAT	ΓURE		Date
2021		IS MUST BE RECEIVE iving application will not be	,

Send to: Helen & Blanche Stark Memorial Scholarship Fund

Sturdy Memorial Hospital Volunteer & Student Services

P. O. Box 2963

Attleboro, MA 02703-0963

All information furnished is confidential and will only be used by the Scholarship Committee of the Sturdy Memorial Foundation, Inc.

Applications are available in the Volunteer & Student Services Office at Sturdy Memorial Hospital - 508-236-8800.