



Helen W. Lazaroff Memorial Scholarship for Nursing Scholarship Nomination

1. Name (Last, First, Middle): _____
2. Social Security Number: _____
3. Street Address: _____
4. Phone Numbers (Home/Work with area codes): _____
5. e-Mail Address: _____
6. Birth Date (mm/dd/yyyy): _____
7. Date or expected date of graduation from Ford City High School (mm/dd/yyyy): _____
8. He/She plans to be a full-time, $\frac{3}{4}$ -time, half-time (circle one) student at (name of institution):

() Fall Semester () Spring Semester () Summer Session
9. Student Status:

() Entering Freshman/Continuing Freshman
() Sophomore
() Junior
() Senior
10. Intended Major/Course of Study:

11. College Entrance Scores: ACT ____ SAT ____ GPA (High School/College): ____/____
12. List name/phone # of three individuals who have submitted letters of recommendation in his/her behalf:
a. _____
b. _____
c. _____
13. Attach list of examples demonstrating leadership qualities and community involvement.

Nominee must be a U.S. citizen, and if requested, nominee must provide supporting documentation to validate this information. Nominee must also give permission to the FCHS Alumni Association to release appropriate information to the media if awarded this scholarship.

Signature: _____ Date: _____