

Future First Scholarship Application

Thank you for taking time to apply for a Future First Scholarship! Please complete this application in full. This application will be used to evaluate the applicants for the scholarship.

Once completed, please submit all your information to the bestonlinerntobsnprogram.com as follows:

By Email: info@bestonlinerntobsnprogram.com

Eligibility:

Essays must be submitted between 12:00am MST on August 14, 2014 and August 14, 2015.

Any student, 18 years or older, is eligible for the scholarship.

1. Applicant's Full Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. Applicant's Complete Address:

STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

COUNTRY

PHONE E-MAIL ADDRESS

3. Date to graduate (or graduated) from high school: _____

4. Date to enter (or entered) college: _____

5. Name of college(s) (currently attending or applying to) and "proof" of or means to verify the accreditation of the college:

6. Number of years of college completed (if any): _____

7. Provide any test scores, such as your official SAT, ACT, or other academic measures. (Please send us a copy of your official scores as soon as you have them.)

Test and Score

Date

8. List your extracurricular activities (include any descriptions or details as attachments):

9. List the names of your references, limited to three (3) total. (Include actual reference letters as attachments, at most 2 pages each, single-spaced, 12-point type; may be less, such as double-spaced, etc.):

10. What is the title of your personal essay? Write a 500-word essay stating why you want to become a nurse. (Include actual essay as an attachment, single-spaced, 12-point type for the content)

11. I have submitted a photograph to be used if I am selected as a scholarship winner: Yes / No
[Please note: We welcome digital photos.]

12. I have signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information": Yes / No

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, _____, do hereby give bestonlinerntobsnprogram.com. full rights to publish my name, where I live (city, state, and country only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college I am attending, photographs that I have provided, and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by bestonlinerntobsnprogram.com. in its print or electronic correspondence, catalog, or on its website.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above Information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to “distort” or “falsify” any information provided.)

I understand that this Agreement in no way obligates bestonlinerntobsnprogram.com to publish or use the above-described information.

EXECUTED this date of _____.

By: _____
(Print Name)

(Signature)