

**National Sackette  
Nursing Scholarship**

**ELIGIBILITY:**

1. Applicant must be enrolled at a Nursing School.
2. The candidate must be sponsored by a Sackette Unit.

**REQUIREMENTS:**

1. The applicant must submit a paper of not more than 200 words about themselves. It should include past accomplishments, career and educational goals and objectives for the future.
2. Two letters of recommendation, one of which must be the faculty advisor.

**APPLICATION PROCESS:**

1. All applications for the National Sackette Nursing Scholarships must be returned to the local Sackette Unit no later than May 1<sup>st</sup>. Please make certain that all requirements are met.
2. All applications must be forwarded to the National Scholarship Chairman prior to August 1<sup>st</sup>.

**JUDGING:**

1. All entries will be judged at the Sackette National Convention in August by the Past National Snappiests.
2. Winners will be notified by the sponsoring Sackette Unit.

**LOCAL UNIT #** \_\_\_\_\_

**UNIT DUE DATE FOR LOCAL JUDGING** \_\_\_\_\_

**UNIT SCHOLARSHIP CHAIRMAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*Honor and Fun Organization  
Of AMVETS Ladies Auxiliary*

**National Sackette Scholarship Application**

**Student Data – Please Print – This form must be filled out completely.**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
          Last                  First                  Middle

Address \_\_\_\_\_  
                                 Street    City    State    Zip code

**Source of Support**

1. Who contributes the major portion of your support? \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Occupation \_\_\_\_\_ Self Employed \_\_\_\_\_  
Yearly Income \_\_\_\_\_ Other Income \_\_\_\_\_
2. What other sources of support do you have? \_\_\_\_\_
3. Name of Source \_\_\_\_\_ Amount \_\_\_\_\_
4. Marital Status – Married \_\_\_\_\_ Single \_\_\_\_\_ Dependents \_\_\_\_\_ Ages \_\_\_\_\_
5. Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Ages \_\_\_\_\_ Other \_\_\_\_\_
6. How many in High School? \_\_\_\_\_ College? \_\_\_\_\_ Under School Age? \_\_\_\_\_
7. Summarize the financial obligations you or your family have which effects the potential contribution to your education. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Amount of the current tuition \$ \_\_\_\_\_ yearly or monthly.
9. Are you making applications for scholarships other than this one? \_\_\_\_\_
10. If yes, describe source – amount – duration \_\_\_\_\_
11. Have you been notified by any scholarship source that you will receive a scholarship?  
For this year? \_\_\_\_\_ Next year? \_\_\_\_\_ Source \_\_\_\_\_ Amount \_\_\_\_\_
12. List any scholarships, prizes, awards or special achievements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT’S SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of School & Location \_\_\_\_\_

Signature of School Director \_\_\_\_\_ Submitted Sackette Unit: \_\_\_\_\_

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