Scholarship Application
Due by March 15 submitted to Geneseo is For Tomorrow (GIFT) Foundation
P.O. Box 265, Geneseo, Illinois 61254
Telephone: (800) 550-4100

GIFT is a component fund of the Quad Cities Community Foundation

Name of Scholarship: GARNER NURSING SCHOLARSHIP

Applicant Information

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<tr>
<th>Name:</th>
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<td>Last</td>
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<td>First</td>
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<td>Middle</td>
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Permanent Address: ____________________________

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<tr>
<th>Number &amp; Street</th>
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City          County       State    Zip
Date of Birth: ______________________
Social Security Number ____________________________
Month/Date/Year

Telephone Number: ____________________________

Date you began living our Iowa/Illinois service area on a permanent basis: ____________________________
Month/Year

High School: ____________________________
School Name
Graduation Date: ____________________________
Month/Year

Family Information

Name of father/stepfather/guardian: ____________________________

Address: ____________________________

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<th>Street</th>
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<th>State</th>
<th>Zip</th>
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Name of mother/stepmother/guardian: ____________________________

Address: ____________________________

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<tr>
<th>Street</th>
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<th>State</th>
<th>Zip</th>
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Spouse’s name: ____________________________

Address: ____________________________

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<th>State</th>
<th>Zip</th>
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Check if applicable: ( ) Father deceased ( ) Mother deceased

How many dependent children do your parents have including yourself? _____
Ages ____________________________

How many are in college at present? ____________________________

How many children are living at home full-time? ____________________________
Combined gross average annual income?

How much can your parents contribute annually?

How much can you contribute annually?

Will you work while attending school?

Are you willing to borrow, if necessary, to finish school?

Applicant’s unmet need $__________

High School/Current College Record

A. Current grade point average (GPA)

B. Senior Class rank (if applicable)

C. Number of students in class (if applicable)

D. ACT (if in High School) SAT (if in High School)

E. Please list in order of preference five colleges to which you have applied or are attending. Please note if you have been accepted and/or plan to attend.

1. ________________________________________________________________________________________________
2. ________________________________________________________________________________________________
3. ________________________________________________________________________________________________
4. ________________________________________________________________________________________________
5. ________________________________________________________________________________________________

School Activities

In the space below, please list extracurricular activities in which you have participated during the past four years. (Include clubs, school sports, student government, fine arts, etc.) List approximate time spent, leadership positions, letters earned, awards received, recognition received, etc.
Community & Personal Activities

In the space provided below, please list community, church/synagogue, and personal activities in which you have participated during the past four years. (Include volunteer work, youth programs, athletic programs, music, 4-H, etc.) List approximate time spent, leadership positions, letters earned, awards received, recognition received, etc.

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Work Experience

In the space provided below, please list any paid work experience (including self-employment) you have had during the past four years. Include summer employment as well as employment during the school year. Complete this information beginning with your most recent work experience. Give nature of work, dates of employment, indicate supervisory positions, and approximate hours per week.

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

COLLEGE/UNIVERSITY INFORMATION

Year in college during the coming academic year:
( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior

Will you be a full-time student? _________ Yes _________ No

Major field of study: _________________________________________________________________

Anticipated date of college graduation: ____________________________

Month/Year
Aspirations & Goals

Please submit a short paragraph essay describing yourself, including personal aspirations, educational, and career goals. Please include where you would like to work when you complete your education and in what medical field are you most interested. This essay should be no long than one double-spaced page. Please report any additional information or factors, which you believe, should be considered in reviewing your application.

References

Please provide 2 reference names whom we can contact for more information. Written references are not required.

Name: __________________________________________ Phone: _____________________________
Address: _________________________________________________________________________________

Name: __________________________________________ Phone: _____________________________
Address: _________________________________________________________________________________

Certification

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

_______________________________________________________________ ________________________
Applicant’s Signature            Date

RETURN TO: GIFT Foundation P.O. Box 265, Geneseo, Illinois 61254