**RHONDA AND MAX JARRELL**  
**NURSING SCHOLARSHIP APPLICATION**

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<thead>
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<th>Field</th>
<th>Details</th>
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<td>Motlow ID</td>
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<td>Number of Dependents</td>
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<td>High School Attended</td>
<td>GPA</td>
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<td>College Attended</td>
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<td>Business, Work, and/or Military Experience</td>
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<td>Honors and Awards</td>
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<td>School/Community Activities</td>
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<td>Hobbies or Other Interests</td>
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1. Why have you chosen nursing as your profession? (Attach additional sheet as needed)

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2. Identify positive and negative aspects of the nursing profession, as you see them. (Attach additional sheet as needed)

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3. Where do you see yourself in your nursing career in 5 and 10 years and what is your ultimate career goal?

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4. In the future, how would you to make a contribution to some other person’s life, if this scholarship is awarded to you?

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5. What will you bring to the nursing profession that others might not?
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6. Do you have any other comments you want the Jarrell Nursing Scholarship Committee to consider?
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REFERENCES: (NOT RELATED TO YOU)
IN ADDITION TO DEMOGRAPHIC INFORMATION,
ATTACH REFERENCES, IF DESIRED

Name ________________________________________________________________
Address _______________________________________________________________
Relationship___________________________________________________________
Day Telephone Number _________________________________________________
Evening Telephone Number _____________________________________________
Email Address_________________________________________________________

Name ________________________________________________________________
Address _______________________________________________________________
Relationship___________________________________________________________
Day Telephone Number _________________________________________________
Evening Telephone Number _____________________________________________
Email Address_________________________________________________________

Name ________________________________________________________________
Address _______________________________________________________________
Relationship___________________________________________________________
Day Telephone Number _________________________________________________
Evening Telephone Number _____________________________________________
Email Address_________________________________________________________

If I am selected for this scholarship, I agree to meet personally with representatives of the Jarrell Nursing Scholarship, as noted, and to allow use of my photograph as a scholarship recipient.

I hereby acknowledge that application and academic information will be shared with the donors.

________________________________________   ________________
Signature                                      Date