

Application Form
The Bill and Julia Thomas Nursing Scholarship Fund

Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Birth Date: _____

Social Security Number: _____

Please check the section or sections listed below that apply to you (you need not check all 3 to be eligible for this Scholarship, by checking a single box you are eligible to receive funds from the trust.)

- Graduated from a high school serving the students of Smith County, Kansas, or
- Been a resident of Smith County, Kansas for two (2) years prior to the date of this application, or
- Made a written commitment for a minimum of one-year employment as a registered nurse in Smith County, Kansas upon graduation from nurses training.

High School Attended: _____

College, university, medical school or vocational school to attend or attending: _____

Date classes Begin: _____

Number of Credit Hours: _____

Attach to this application the following information:

- Certified or photocopy of a transcript from all high schools and/or colleges or universities attended.
- Three letters of recommendation.
- A short essay stating educational goals, plan for achieving goals and a general statement of the reasons for choosing the nursing field as a course of study.
- List other scholarships received, their amount and date payable.
- A statement listing other financial means that will be used to fund college or nurse's training expenses.
- A list of scholastic, extracurricular activities, work history, achievements and accomplishments.

Please return completed application and accompanying documents on or before April 1st to:

The Peoples Bank
PO Box 307
136 So. Main
Smith Center, KS 66967

Signature: _____

Date: _____