BETHEL VISITING NURSE ASSOCIATION
Trusted since 1927

MARY EDNA CARGILL
SCHOLARSHIP

Name _____ Phone _____

Address _____

Father's Occupation _____ Employer _____

Mother's Occupation _____ Employer _____

Total family income for past year _____

Do you reside with: Both Parents Mother Father Other (specify)

List siblings residing at home or currently in private school or college:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

College planning to attend _____

Have you been accepted by this college? _____

Major field of study: _____

Anticipated school expenses: Tuition _____ Room and Board _____

Books and Fees _____ Total cost per year _____

List employment you have had since entering high school:

_____

_____

Activities - School / Community (List activity, any offices held, awards received)

_____

_____

_____

References (2 persons, not relatives - 1 faculty member, 1 community member)

Name Address Phone

_____

_____

Would you be willing to be interviewed by a selection committee? _____

* Please attach most recent school transcript.

* Please submit a brief, type written essay (no more than one page) on why you wish to be considered for this scholarship, your goals for the future and any other information you feel pertinent for the selection committee to consider.

I certify that all of the information on this form is true and complete to the best of my knowledge.

_____ Date _____

(applicant's signature)

70 Stony Hill Road Bethel, CT 06801-3036 • Phone (203) 792-0864 • Fax (203) 730-8053 • www.bethelvna.org