



## Moser Nursing Scholarship

1. A scholarship will be granted to a student who aspires to become a Licensed Practical Nurse or Registered Nurse.
2. The \$1,000.00 scholarship will be paid to the chosen school at the time that fees are due.
3. There are no restrictions on the student's choice of hospital or school.
4. Applicants must have notification of acceptance from the school where they plan to enroll prior to consideration for the scholarship.
5. Applicants must be a 2023 high school graduate.

### To be considered, each applicant must include:

- A three-paragraph summary explaining why you would like to enter the field of nursing, and why you desire this scholarship.
- A transcript of your high school grades.
- Two letters of recommendation.
- Please remit to: N160 State Route 108, Attn. Scholarship Committee, Napoleon, OH 43545.

6. All components of the application must be postmarked by March 31, 2023 to the Scholarship Committee. The Committee will meet before the end of April to select the recipient. You will be notified of the Committee's decision by mail.



N160 State Route 108  
Napoleon, OH 43545

419-599-6451  
Fillinghome.org



## Moser Nursing Scholarship Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

College Attending: \_\_\_\_\_ Major & Degree Sought: \_\_\_\_\_

Briefly, why do you wish to enter the field of nursing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have been awarded financial assistance or other scholarships, please list.

Type of Aid	From Whom	Amount
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_____	_____	_____
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_____	_____	_____
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We have examined this application and confirm the records are true, complete, and accurate.

_____	_____	_____	_____
Applicant Signature	Date	Parent/Guardian Signature	Date

These signatures are to be affixed prior to forwarding the application.



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