

*Columbia Hospital School of Nursing
Alumnae Association
Post Office Box 3566
Columbia, South Carolina 29230*

**COLUMBIA HOSPITAL SCHOOL of NURSING ALUMNAE ASSOCIATION
Blanche L. White Scholarship Application**

Scholarships will be awarded for the Fall Semester to nursing students in the Sophomore, Junior or Senior year of College/University or Technical College. GPA of 3.0 or above is required. The amount of \$500.00 will be sent to the College/University/Technical College the recipient is attending. Application must be submitted with transcript by May 15 each year to the above address. Applicant must submit a typed essay (no less than 250 words and no more than 500 words), why he/she want to be a Registered Nurse. NOT FOR RN GRADUATES

Date of Application _____

Name _____
First Middle Last

Address _____
Street City State Zip Code

United States Citizen: Yes _____ No _____ Birth Date _____
Month Date Year

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Name of High School attended _____

School Address _____
Street City State Zip Code

Year graduated from High School _____

Other educational background _____

Yearly Income \$ _____ Phone: Home (_____) _____
Business/School (_____) _____

Parent(s) or Guardian(s) _____

Present Enrollment in School Part Time _____ Full Time _____

College/University/Technical College Address _____
Street

City State Zip Code

Classification: Sophomore _____ Junior _____ Senior _____