

Elizabeth Alamo Nursing Scholarship Application

Elizabeth was born in Waverly, NY, graduated from Waverly High School and St. Joseph's School of Nursing in Elmira, NY. She received her Bachelor of Science degree in nursing education from Catholic University in Washington, DC, where she majored in medical and surgical supervision and administration. She served on the nursing staff of the Tioga General Hospital in Waverly, the Robert Packer Hospital in Sayre. She went on to serve as a nursing arts instructor at several hospitals. Miss Alamo retired as the Educational Director of Nursing Services at the Veterans Administration Medical Center in Bath, NY where she served for 25 years.

Eligibility Criteria and Check List:

- Graduating senior from Waverly Central High School.
- Accepted into an accredited college or university in the USA.
- Essay (200-250 words double spaced) describing, in detail, the reason for your desire to enter the field of nursing.
- Must have earned at least an 80 grade point average while in high school.
- Student must have a demonstrated financial need.
- Pursuing a degree in the field of nursing.
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or years.

Please see your guidance office for deadlines.



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Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name	First Name		e	MI	
Street Address				Apt. /Unit Nur	nber
City	State	Zip Code	Home Phone	Cell Phone	
Sex: M F Date of Bir		/ D/ YYYY	Name of High So	chool Date of Gra	 ıduation
E-mail Address Parental Information:			_		
Father's Last Name		First Name		MI	
(If different) Street Address	Aj	ot. /Unit Nun	ber Email Add	ress	
City	State	Zip Code	Best Availal	ble Phone Number	
Name of Employer			Emplo	yed Since	
Mother's Last Name		First Nam	ne	N	 1I
(If different) Street Address	Apt	. /Unit Numb	per Email Addr	ress	
City	State	Zip Code	Best Availab	le Phone Number	
Name of Employer			Emplo	yed Since	
Employment Information:					
Do you currently have a part-tin	ne job? Y	N I	f yes:Positi	on	
Name of Employer			Employer's Phone	Number	



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School Based Information:	
Major Field of study in college: _	
Name of the college or university	you will attend:
G.P.A SAT Score_	or ACT Score
Class Rank of	# students.
Financial Information:	
Student Aid Report (SAR), which Aid Form (FAFSA):application, please provide details number becomes available. Number of Dependents in Family	y Contribution (EFC) number that can be found on the top of your is generated after completing your Free Application for Federal Studen If this number is not available at the time of submitting the s as to the status of FAFSA. Please notify your guidance office when the Number of other siblings in College
	ded within this application is truthful and in no way misleading. All irely by me (the applicant) to the best of my knowledge.
	Community Foundation for the Twin Tiers scholarship, I agree to with my school to verify my continuing enrollment during the term of my
	otograph can be used in announcements made by the Community garding the particular scholarship(s) for which I have been awarded.
I agree that by signing this I perm information regarding my SAT sc	nit my school to give the Community Foundation for the Twin Tiers cores, current GPA and class rank.
Awards may be used at any accred	dited, nonprofit college or university within the United States.
Signature of Applicant	Date of Signature