



Sad Sacks Nursing Scholarship Application for Nursing Students

Date: _____

Type or print legibly.

Student Information

Applicant Name: _____

Last

First

Middle

Date of Birth

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Phone Number: _____

Select all that apply: Student is a child of veteran active-duty Grandchild of veteran

Scholarship Eligibility

- 2nd year or greater nursing student
- Provide a copy of acceptance letter into an accredited nursing program
- Child or grandchild of a veteran

Academics

The following criteria must be attached to your application:

1. Most recent and up to date official transcripts
2. Explanation of school grading system

Financial Need

Total Adjusted Gross Income 2020 or 2021 Tax Year:

Father: \$ _____

Mother: \$ _____

Guardian: \$ _____

Student: \$ _____

Total Income: \$ _____

Total number of dependents under the age of 21 in the household: _____ ,

Is anyone in your immediate family, other than applicant, attending an accredited college or university? _____

Complete all that apply. If selected, all tax documents will be required to verify the income listed within a specified timeframe.

Requirement Checklist:

The following items must be included with your completed application:

- Official transcripts with Explanation of grading system
- Letter from accredited nursing program stating your enrollment

Everything on this checklist **MUST** be included in the same envelope. Due to the volume of applications, we cannot match applications with anything sent in separately. Those with incomplete applications will be disqualified.

Certification

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board, required books or materials. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the Illinois AMVETS Service Foundation Scholarship Committee and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS to use a photograph (or other likeness), as well as personal information about me (family, name, hometown, etc.), or statements for publicity purposes, which may include, but is not limited to, publication in newspapers, brochures, catalogs and the AMVETS website.

Student's Signature _____

Date ____/____/____

Signature of Parent/Legal Guardian _____

Date ____/____/____

If applicant is under 18 years of age, parent or legal guardian must sign.

Applications must be postmarked by March 1st.

Applications will not be considered after this date. ONLY selected recipients will be notified by April 15th.

Mail to:

2206 South Sixth Street
Springfield, IL 62703

Questions/Concerns: Call 1-800-638-8387