

CMH / Schwartz Memorial Scholarship Application Form

***Due Date: July 31***

**Send to:**

CMH Schwartz Scholarship Committee Attn: Friends of CMH

P.O. Box 148

Sumner, IA 50674

**Application Form:**

* *Please complete the application in full. Incomplete applications will be disqualified.*
* *False statements made upon the application will also disqualify you from consideration.*
* *All information submitted with the application will be kept confidential.*

**Name (First, Middle Initial, Last):**

**Address (Street, City, State, Zip Code): Phone:**

**Email:**

**Accepted into an accredited school of nursing? Check: Yes No**

**List name of School of Nursing and enclose copy of verification of acceptance from the school:**

**Submit your resume and answer these questions:**

* List the names and address of each school you attended beginning with high school.
* List your extra-curricular activities in school, church and/or community.
* List any awards or recognition you have received in school, church and/or community.
* If you have work experience in the healthcare field, please list the name, address, and phone

number of each employer, beginning with the most recent.

* If you have had other paid employment (including summer jobs) please list the name, address, and phone number of each employer, beginning with the most recent.

**Include the following with your submission:**

* Copy of your transcripts (including course taken and GPA) for each high school and college you have attended.
* Statement of why you want to be a registered nurse.

Questions? Contact Breanna Murray at (563) 578-2125 or Breanna.Murray@unitypoint.org