



La Societe des 40 Hommes et 8 Chevaux
Voiture Locale 244
Kent County Delaware

APPLICATION FOR ASSISTANCE IN THE FINAL YEAR OF NURSES TRAINING
Lowell E. Dix Nurses Training Scholarship

NAME			S.S. NUMBER		
ADDRESS					
CITY			STATE		ZIP
TELEPHONE #					
MARRIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
CHILDREN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	AGE(S)				
EMPLOYED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	PART TIME	<input type="checkbox"/>
INCOME LAST YEAR (COMBINED IF MARRIED)					
OWN	<input type="checkbox"/>	RENT	<input type="checkbox"/>	MONTHLY PAYMENT	
DO YOU HAVE A LOAN, GRANT, OR ANY OTHER DEBT FOR SCHOOLING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
PLEASE LIST AND THE AMOUNT YOU OWE (Add separate sheet if necessary.)					
ESTIMATE COST OF LAST YEARS EXPENSE (Tuition & books)					
WHAT COLLEGE ARE YOU ATTENDING?					

SIGNATURE OF APPLICANT

DATE

Please mail to: Voiture Locale 244
c/o Rosan
2856 Leipsic Road
Dover, DE 19901