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 ☐ NO ☐						
CHILDREN?	YES ☐ NO ☐						
	AGE(S)						
EMPLOYED?	YES ☐ NO ☐	FULL TIME	☐	PART TIME	☐		
INCOME LAST YEAR (COMBINED IF MARRIED)							
OWN	☐	RENT	☐	MONTHLY PAYMENT			
DO YOU HAVE A LOAN, GRANT, OR ANY OTHER DEBT FOR SCHOOLING?	YES ☐ NO ☐						
PLEASE LIST 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:

Nurses Training Directeur
Voiture Locale 244
2856 Leipsic Road
Dover, DE 19901