



APPLICATION FOR SANDRA M. CABRAL NURSING SCHOLARSHIP

NAME IN FULL _____ DATE _____
(LAST) (FIRST) (MIDDLE)

PERMANENT ADDRESS _____

TELEPHONE _____ EMAIL _____ SS# _____

BIRTHPLACE _____ DATE OF BIRTH _____ AGE _____

EMPLOYMENT (PRESENT/MOST RECENT FIRST)

JOB TITLE/TYPE _____ EMPLOYER _____ FULL/PART TIME? _____ DATES _____

JOB TITLE/TYPE _____ EMPLOYER _____ FULL/PART TIME? _____ DATES _____

JOB TITLE/TYPE _____ EMPLOYER _____ FULL/PART TIME? _____ DATES _____

EDUCATION _____

NAME/PLACE OF HIGH SCHOOL _____ YEAR GRADUATED _____

APPLICANTS MUST BE CURRENTLY ENROLLED AN R.N. DEGREE GRANTING PROGRAM.

COLLEGE/UNIVERSITY _____ MAJOR _____

YEAR ENTERED _____ OVERALL GPA _____ OUT OF MAX _____

CREDITS COMPLETED _____ OUT OF TOTAL REQUIRED _____

HOW ARE YOU CURRENTLY FINANCING YOUR COLLEGE EXPENSES? PLEASE CHECK APPROPRIATE BOX AND BREAK DOWN TOTAL FINANCING INTO PERCENTAGES FOR EACH CATEGORY

<input type="checkbox"/>	PERSONAL SAVINGS _____%	<input type="checkbox"/>	PARENT SUPPORT _____%	<input type="checkbox"/>	WORK _____%
<input type="checkbox"/>	STUDENT LOANS _____%	<input type="checkbox"/>	SCHOLARSHIPS _____%	<input type="checkbox"/>	OTHER _____%

LIST ALL SCHOLARSHIPS RECEIVED, AMOUNTS, AND PERIOD COVERED

PARENT'S COMBINED GROSS ANNUAL INCOME (CHECK BOX)

<input type="checkbox"/>	UNDER \$25,000	<input type="checkbox"/>	\$25,000 - \$50,000	<input type="checkbox"/>	\$50,000 - \$100,000	<input type="checkbox"/>	OVER \$100,000
--------------------------	----------------	--------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------

PLEASE LIST TWO PROFESSIONAL AND/OR ACADEMIC REFERENCES

NAME _____ OCCUPATION/DISCIPLINE _____ ADDRESS _____ TELEPHONE _____

NAME _____ OCCUPATION/DISCIPLINE _____ ADDRESS _____ TELEPHONE _____



APPLICATION FOR SANDRA M. CABRAL NURSING SCHOLARSHIP

PLEASE PROVIDE A 250 WORD STATEMENT IN THIS SPACE OUTLINING YOUR COMMITMENT TO PEOPLE WITH DISABILITIES AND HOW YOU PLAN TO USE YOUR DEGREE TO ENHANCE THE LIFE OF PEOPLE WITH DISABILITIES AFTER GRADUATION. (You may attach a separate page for the essay).

How did you hear of the Scholarship? _____

ALL ASPECTS OF THIS APPLICATION, INCLUDING THE ESSAY, ARE IMPORTANT TO THE APPLICATION PROCESS AND SHOULD BE GIVEN SERIOUS THOUGHT BY THE APPLICANT. THE COMPLETED APPLICATION MUST BE RECEIVED AT THE ADDRESS INDICATED BELOW:

The Sandra M. Cabral Nursing Scholarship
c/o John Latawiec, President & CEO
LifeStream, Inc.
P.O. Box 50487
New Bedford, MA 02745

IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PROCESS, PLEASE CONTACT JOHN LATAWIEC, PRESIDENT & CEO AT 508-993-1991 OR EMAIL AT jlatawiec@lifestreaminc.com

OFFICIAL TRANSCRIPTS OF THE MOST RECENTLY COMPLETED SCHOOL YEAR (OR ALL SEMESTERS/ QUARTERS COMPLETED TO DATE IF A FIRST YEAR STUDENT) MUST BE SUBMITTED WITH THIS APPLICATION.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE