



Barbara Leatherwood
Fight For The Cure
Nursing Scholarship

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Scholarship Application Form

Please provide accurate and detailed information in each section to help us evaluate your application.

Applicant Information

Name *

Mr

Prefix

First Name

Last Name

Date of Birth *

Date

Address *

Street Address

City

State

Postal/Zip Code

Country

Email *

Email Address

Phone number *



Phone Number

Are you a U.S. citizen? *

☐ Yes☐ No

If no, please specify your citizenship status:

Academic Information

High School Name *

Year Graduated *

Cumulative GPA *

Honors/Awards Received (if applicable)

Extracurricular Activities

List any extracurricular activities or organizations you are involved in (include leadership roles (if applicable):

Did you complete your high school education through a GED program? *

☐ Yes ☐ No

Are you a transferee? *

☐ Yes ☐ No

If yes, please specify

Indicate school name and cumulative GPA:

Year Level for Upcoming School Year *

- ☐ First Year
- ☐ Second Year
- ☐ Third Year
- ☐ Fourth Year
- ☐ Fifth Year

Semester *

- ☐ Fall
- ☐ Spring
- ☐ Summer
- ☐ Winter

Intended Major/Area of Study *

Nursing (BSN)

Essay

In 250 to 500 words, explain why you deserve this scholarship and how it will impact your personal and career goals. *

Additional Information

Do you have a disability? *

☐ Yes ☐ No

If yes, please specify

Are you a first-generation college student? *

☐ Yes ☐ No

Will you be working while studying? *

<input type="radio"/> Yes	<input type="radio"/> No
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Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from the scholarship program. I authorize the scholarship committee to verify the information provided in this application.

Name: _____ *

Date: _____ *