

## **Kathleen Simmons Batalion Memorial Scholarship**

This scholarship honors the memory of Kathleen by making an annual award to a Tyler Consolidated student seeking a degree in nursing or nursing education. It is a one-time award.

### Application Checklist

Application Deadline: February 21, 2020

***Return to Guidance Office***

**Application Guidelines** – Carefully read this page to ensure your application is complete.  
***Please complete the application as presented. Do not include materials that are not requested.***

### **CHECKLIST**

- Activities Form** – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience.  
***Do not attach resumes or other similar documents.***
- Academic Certification Form** – Have appropriate school official complete form and return it with other application materials.
- Personal Essay** – Please attach a personal essay.

# Application: Kathleen Simmons Batalion Memorial Scholarship

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**Street or PO Box**

**City**

**State**

**Zip**

What county do you live in? \_\_\_\_\_ U.S. Resident?  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## ACADEMIC INFORMATION

Name of high school: \_\_\_\_\_

Name of school counselor: \_\_\_\_\_

High School Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## UNIVERSITY INFORMATION

Name of college/university in which you plan to enroll:

\_\_\_\_\_

**Name**

**City**

**State**

Have you been accepted?  Yes  No

Will you be full-time (12 or more credit hours) this fall?  Yes  No

Anticipated major or area of study: \_\_\_\_\_

Do you plan to live:  on campus  off campus  commute  unknown

If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?

Yes  No

# Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

# Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

***Remember, this scholarship is intended to benefit students pursuing a medical profession, particularly nursing or nursing education. Your essay should demonstrate your understanding of the scholarship.***

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

**I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Academic Certification Form

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

## ***High School Applicants***

**Submit this form to your counselor for completion, be sure the reported information includes the first semester.**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Current Class Rank: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_

### **SAT Scores (single test date)**

Date of Test: \_\_\_\_\_

Verbal: \_\_\_\_\_

Math: \_\_\_\_\_

Combined: \_\_\_\_\_

### **ACT Scores (single test date)**

Date of Test: \_\_\_\_\_

English: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Science: \_\_\_\_\_

Composite: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_