



THE ETHEL “Hutchie” ALTOBELLO HEALTH SCIENCE SCHOLARSHIP APPLICATION CHECKLIST:

**Application Deadline: December 1, 2017
Scholarship Awards - Spring 2018 Semester**

In order for your application to be considered, please attach all documents listed below and return to the IRSC Foundation Office. Letters of recommendation are encouraged but not required.

Eligibility

**Okeechobee Residents only
Enrolled in any IRSC Health Science Program
Must maintain 2.5 or higher GPA**

Required Documents

1. Completed Scholarship Application
2. Official HS and/or College Transcripts (For current students only)
3. Typed letter of intent stating educational and career goals

Send all documents to:

Julia T. Keenan
IRSC Foundation Office
3209 Virginia Avenue
Fort Pierce, FL 34981
(772) 462-4786 (phone)
(772) 462-4602 (fax)

**THE ETHEL “Hutchie” ALTOBELLO NURSING
SCHOLARSHIP APPLICATION**
Application Deadline: Dec. 1, 2017

SECTION A (Applicant’s Information)

IRSC Student ID # _____

Applicant’s Name:

_____ (LAST) (FIRST) (MIDDLE/FORMER)

Applicant’s Address:

_____ (CITY) (STATE) (ZIP CODE)

Telephone (home): _____ (work) : _____ (cell): _____

E-mail address _____ Date of Birth _____

Applicant’s Marital Status: single married separated divorced widowed

I am listed as a dependent for tax purposes by my parent(s) or guardian. Yes **** No

****If you answered yes, you must complete SECTION C and D****

High School Information:

High School Name: _____ High School Graduation Date: _____

I am currently enrolled in IRSC yes no Expected IRSC Graduation Date _____

Major: CNA LPN ADN BSN

_____ Print other Health Care Major

| | | |
|--|------------------|-----------------|
| I am currently a financial aid student | Yes _____ | No _____ |
| I plan to apply for financial aid | Yes _____ | No _____ |

SECTION B: Applicant and Spouse Income Information

THIS SECTION MUST BE COMPLETED TO APPLY STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENTS/GUARDIAN MUST ALSO COMPLETE SECTION C & D.

Applicant’s Occupation: _____ Employer: _____

Spouse’s Occupation: _____ Employer: _____

Applicant's 2016 income (before taxes) _____

If married, spouse's 2016 income (before taxes) _____

Other income (taxable plus non-taxable) _____

APPLICANT'S/SPOUSE'S TOTAL 2016 INCOME _____

List the dependents who receive more than 1/2 of their support from you:

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Number in family who are enrolled in college _____

IMPORTANT! YOUR APPLICATION IS NOT COMPLETE UNLESS ALL REQUIRED QUESTIONS ARE ANSWERED AND YOUR TYPED LETTER OF INTENT OUTLINING YOUR EDUCATIONAL AND CAREER GOALS IS ATTACHED TO THIS APPLICATION.

SECTION C: Parent(s) Information

STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENT(S)/GUARDIAN MUST COMPLETE THIS SECTION.

Father/Guardian

Mother/Guardian

Name: _____ Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

SECTION D: Parent(s)/Guardian(s) Income Information

STUDENTS LISTED AS DEPENDENTS FOR TAX PURPOSES BY THEIR PARENT(S)/GUARDIAN(S) MUST COMPLETE THIS SECTION.

Parent Marital Status: ____ single ____ married ____ separated ____ divorced

Father's 2016 income (before taxes) _____

Mother's 2016 income (before taxes) _____

Other income (taxable plus non-taxable) _____

PARENT(S)/GUARDIAN(S) TOTAL 2016 INCOME _____

Dependents who receive more than 1/2 of their support from parent(s)/guardian(s):

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Number in family who are enrolled in college _____

PARENT/GUARDIAN CERTIFICATION (Required from parent(s) of student required to complete this section): I declare that the above responses are true, correct, and complete. I hereby authorize the release of information contained on this application that might be required to scholarship donors.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

Applicant Certification and Authorization REQUIRED FOR ALL APPLICANTS

I declare that my responses on this application are true, correct, and complete. I understand the terms and conditions of the scholarship for which I am applying. I hereby authorize release of information contained in this application, my academic transcript and any additional information to scholarship donors.

I UNDERSTAND THAT IF MY APPLICATION IS NOT COMPLETE, IT WILL NOT BE CONSIDERED.

Student Signature: _____ Date: _____