

The Joe and Kay Calvanese Nursing Scholarship
P.O.Box 23
Plantsville, CT 06479

Complete the following form and submit it by the 15th of April.

Class Rank: _____

Student Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Town/City: _____ State: _____ Zip: _____

School you now attend: _____

Father's Name: _____

Address: _____ State: _____ Zip: _____

Place of Employment: _____

Occupation: _____ Number of Years: _____

Mother's Name: _____

Address _____ State: _____ Zip: _____

Place of Employment: _____

Occupation: _____ Number of Years: _____

Number of Children in Family: _____

Attending: Elementary School _____ High School _____ College _____

Are you currently employed: _____

Place of Employment: _____ How long: _____

Colleges applied to: (In order of preferences)

1. _____ 2. _____ 3. _____

Intended Major: _____

School Activities:

Honors and Awards:

Community Involvement:

Brief Essay: "My Career Goals"