



Elizabeth Alamo Nursing Scholarship Application

Elizabeth was born in Waverly, NY, graduated from Waverly High School and St. Joseph's School of Nursing in Elmira, NY. She received her Bachelor of Science degree in nursing education from Catholic University in Washington, DC, where she majored in medical and surgical supervision and administration. She served on the nursing staff of the Tioga General Hospital in Waverly, the Robert Packer Hospital in Sayre. She went on to serve as a nursing arts instructor at several hospitals. Miss Alamo retired as the Educational Director of Nursing Services at the Veterans Administration Medical Center in Bath, NY where she served for 25 years.

Eligibility Criteria and Check List:

- Graduating senior from Waverly Central High School.
- Accepted into an accredited college or university in the USA.
- Essay (200-250 words double spaced) describing, in detail, the reason for your desire to enter the field of nursing.
- Must have earned at least an 80 grade point average while in high school.
- Student must have a demonstrated financial need.
- Pursuing a degree in the field of nursing.
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or years.

Please see your guidance office for the deadlines.



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Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name		First Name		MI
Street Address				Apt. /Unit Number
City	State	Zip Code	Home Phone	Cell Phone
Sex: M	F	Date of Birth: ____/____/____ MM/ DD/ YYYY	Name of High School	Date of Graduation
E-mail Address				

Parental Information:

Father's Last Name		First Name		MI
(If different) Street Address	Apt. /Unit Number		Email Address	
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	
Mother's Last Name		First Name		MI
(If different) Street Address	Apt. /Unit Number		Email Address	
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	

Employment Information:

Do you currently have a part-time job? Y N If yes: _____
Position

Name of Employer	Employer's Phone Number
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School Based Information:

Major Field of study in college: _____

Name of the college or university you will attend:

G.P.A. _____ SAT Score _____ or ACT Score _____.

Class Rank _____ of _____ # students.

Financial Information:

Please enter your Student Aid Index (SAI) number, which is generated after completing your Free Application for Federal Student Aid Form (FAFSA): _____.

If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify your guidance office when the number becomes available.

Number of Dependents in Family: _____ Number of other siblings in College: _____

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the scholarship (s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited college, university, or technical school within the United States.

Signature of Applicant

Date of Signature