



*Women's Advisory Council*

**APPLICATION FOR NURSING SCHOLARSHIP**

Return completed application to:  
Women's Advisory Council  
St. Elizabeth Hospital  
1125 W. Highway 30  
Gonzales, LA 70737

Submission Deadline: December 31, 2015

Date:

Name:

Date of Birth:  Marital Status:

Address:

Home Telephone Number:  Cell Telephone Number:

Mother's Name:  Occupation:

Father's Name:  Occupation:

High School Attended:  GPA:  Class Rank:

College Attending:  GPA:  Currently Enrolled? YES / NO

Honors and Awards Received:

Activities and Hobbies:

Do you have a relative or friend employed by St. Elizabeth Hospital, Our Lady of the Lake Regional Medical Center, or the Franciscan Missionaries of Our Lady Health System?

Why do you wish to become a nurse?

*Please attach a current high school transcript or college grades and two letters of reference.*