



**NURSING STUDENT**

# **SCHOLARSHIP APPLICATION**

ATC Healthcare Services  
Birmingham, AL



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ATC HEALTHCARE SERVICES, LLC NURSING SCHOOL STUDENT SCHOLARSHIP APPLICATION

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First Name_____	Last Name_____
Physical Address_____	
City_____	State_____ Zip_____
Mailing Address_____	
City_____	State_____ Zip_____
Email Address_____	
Phone_____	Work/Cell_____
Social Security Number_____	DOB (MM/DD/YYYY)_____

Current High School_____
GPA (Please attach transcript)_____ Total Household Annual Income_____
Name of Accredited School Attending_____
School Address_____

Parent/Guardian 1
Name_____
Address_____
_____
_____
Phone_____
Email_____

Parent/Guardian 2
Name_____
Address_____
_____
_____
Phone_____
Email_____

Attach to this application the following: *Transcript *One (1) teacher recommendation *250-word essay explaining why you deserve the \$1000 *500-word essay explaining why you want to go into the nursing profession Deadline for application is March 31, 2019 at 11:59pm CST. You must email it to <a href="mailto:schoolnursestaffing215@atchealthcare.com">schoolnursestaffing215@atchealthcare.com</a> or fax it to 205-879-1332 Attn: Jenelle Adams. The winner will be announced during Nurses' Week, May 6 <sup>th</sup> – 12 <sup>th</sup> , 2019. By submitting your application you agree to have your name and image used for promotional purposes, like Social Media and Press Releases.
I agree and acknowledge all the above information is true
Signature_____ Date_____