



BAPTIST
Health Care Foundation

LUTHER AND KATHY TAYLOR NURSING SCHOLARSHIP

The Luther and Kathy Taylor Nursing Scholarship was established through the generosity of the Taylor family to encourage and assist students who are pursuing a degree in nursing in the Greater Pensacola Area.

Scholarship Requirements

Applicants must be a resident of Northwest Florida or South Alabama.

The college or university must be located in the Northwest Florida or South Alabama area.

Applicants must be enrolled in or accepted to a four-year or two-year institution to pursue an Associate Degree in Nursing (RN-AS) or a Bachelor of Science in Nursing (RN-BSN).

A selection committee appointed by Baptist Health Care Foundation will review applications and award scholarships. The scholarships will be awarded based on academic excellence, demonstrated aptitude and extracurricular activities. Scholarship opportunities will be awarded without regard to race, color, religion, national origin, disability, marital status, and/or any other status protected by law.

One or more scholarships will be awarded in amounts not to exceed \$2,500 per year.

Scholarship payments will be made directly to the college or university to the account of the student.

Applicant's Name _____

College or University where scholarship will be used _____

Attachments

_____ Completed Application received by Wednesday, May 19, 2010

_____ Official High School Transcript – With Institution Seal

_____ Official College Transcript (if applicable) – With Institution Seal



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(Please print in ink or type)

Name of Scholarship for which you are applying:	LUTHER AND KATHY TAYLOR NURSING SCHOLARSHIP
Return Completed Application to:	Deadline: May 19, 2010
Baptist Health Care Foundation, P.O. Box 17500, Pensacola, FL 32522-7500	

PERSONAL DATA			
Social Security Number:			
Last Name:	First:	MI:	
Mailing Address:			
City:	State:	Zip:	
Home Phone: ()		Work: ()	

EDUCATIONAL STATUS			
High School:			Graduation Date:
City:	State:	GED	GED Date:
College(s) previously or currently attending			
1.	State:	Dates:	
2.	State:	Dates:	
What is your cumulative high school grade point average?			
What is your cumulative college grade point average?			
What degree are you pursuing? B.S. <input type="checkbox"/> A.S. <input type="checkbox"/>			
What is your expected date of graduation?			

FINANCIAL STATUS			
Have you applied for financial aid (student loans, grants, work-study)?		Yes	No
Are you currently a recipient of financial assistance from other sources or agencies?		Yes	No
If Yes:			
Type of Financial Aid/Scholarship	Award Date(s)	Semester Award(s)	Award Amount

Please explain why you should be the recipient of this scholarship.

Use additional paper if needed.

Please list any volunteer work, leadership positions, extracurricular activities, honors, or awards you may have received within the last two years. Please be specific if it pertains to your chosen area of study.

Use additional paper if needed.

Are you currently employed? Yes No
If yes, please list weekly hours worked:

I hereby declare that I meet all minimal eligibility requirements to be considered for this scholarship. The information provided on this scholarship application is complete and accurate to the best of my knowledge.

I hereby authorize the release of academic information to the scholarship review committee. I understand that this information will be used for the purposes of determining eligibility for the stated scholarship.

Signature:	Date:
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