

The Roosevelt Gallion Memorial Scholarship Application

(Print or Type)

1. Name: _____
Last First Middle Initial
2. Present Address: _____
Street City State Zip
- Telephone #: _____ Email: _____
3. Permanent Address: _____
Street City State Zip
4. Birth Date: _____ Place of Birth: _____
5. Gender: Male Female Marital Status: _____ Dependent Children: _____
6. How did you hear about the Roosevelt Gallion Memorial Scholarship?

7. What College you are now attending: _____
- (a) What Profession or Program: _____
- (b) Anticipated graduation date: _____
- (c) Major: _____
- (d) Full or part-time student at present: _____
- (e) Cumulative G.P.A. _____
- (f) (e) Next year in school: (Sophomore, Junior, Senior) _____
8. List extracurricular college activities including student/civic organizations to which you belong:

9. List any academic honors or scholarships you received in college:

10. Signature _____ Date _____

11. Submit a hard copy of this form, typewritten essay, transcripts, proof of current registration, and a current photograph. Application must be received by February 9, 2017 to be considered. Mail to:

The Roosevelt Gallion Memorial Scholarship Committee
In c/o June Crayton, Coordinator
8108 S. Prairie Park Place
Chicago, IL 60619

12. **Notice:** To obtain additional copies of application forms, criteria and information go to the Chicago Chapter National Black Nurses Association's web page. Click on the rolling headlines at the top of the home page: <http://www.chicagochapternbna.org/>

ALL INFORMATION WILL BE KEPT CONFIDENTIAL