

“The Betty Matah Kirkpatrick, C. Marshall Kirkpatrick and Lorraine Morgan Kirkpatrick Scholarship Fund”

SCHOLARSHIP APPLICATION

Applicant, complete the following: (please type or print)

Name of Applicant: _____

Permanent Address: _____

Telephone Number: _____ Soc Sec #: _____

Parent/Guardian: _____

Address and Phone #: _____

Please mark with “X” which school applicant is a graduate of:

Switzerland County High School: _____

Rising Sun High School: _____

Year of Graduation: _____

To be eligible for this scholarship applicant must have completed at least one year at an accredited nursing school and provide a grade transcript.

Applicant please complete the name and address of the School of Nursing currently enrolled with and provide information on current year of school:

To be eligible for this scholarship applicant must be a full time students, be of good character, and a member of the Protestant faith. Indicate below the church which applicant is a member of and year of membership if known:

APPLICANT SHALL ATTACH A SIGNED LETTER BRIEFLY DESCRIBING THEIR NEED FOR THIS SCHOLARSHIP, THEIR PLANS FOR THE FUTURE AND CAREER. ALSO DESCRIBE ACADEMIC AND OTHER ACCOMPLISHMENTS.

APPLICATION MUST BE COMPLETED AND SENT TO THE GUIDANCE OFFICE OF SWITZERLAND COUNTY HIGH SCHOOL OR OHIO COUNTY HIGH SCHOOL BY **APRIL 1ST**.

PLEASE FORWARD COMPLETED APPLICATION AND SIGNED LETTER TO:
“The Betty Matah, Marshall and Lorraine Kirkpatrick Scholarship Trust”:

Switzerland County High School
Guidance Counselor
1020 W. Main Street
Vevay, IN 47043
PH: (812)427-2626

Rising Sun High School
Guidance Counselor
210 S. Henrietta Street
Rising Sun, IN 47040
PH: (812)438-2652