

## Terrie Nevarez Memorial Nursing Scholarship

Please complete the following application and return it to Hamilton County Senior High Guidance Office by the announced deadline. Individual activities, plans and financial need are key components in scholarship selection.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

ACT composite score or equivalent SAT score \_\_\_\_\_

Intended College/University: \_\_\_\_\_

Annual family income: \_\_\_\_\_

Number of children in your household: \_\_\_\_\_

Any other college students in your home: \_\_\_\_\_

If you are awarded this scholarship, you must agree to either:

1) provide a copy of your nursing license on or before the end of the 6th anniversary of the award, or

2) return to the Foundation the full amount of the scholarship on or before the 6th anniversary of the award. (May 2026)

I agree to the above statements (student signature): \_\_\_\_\_

1) Attach a resume highlighting high school activities and accomplishments.

2) Include three letters of recommendation, with at least one being from a school representative and one from outside of the school setting.

3) Provide an essay of 500 words or more explaining your plans in the nursing or medical field and why you feel that you are deserving of the Terrie Nevarez Memorial Scholarship.