

**The Odd Fellows & Rebekahs**  
**Ellen F. Washburn Nurses Training Award**

**APPLICATION MUST BE COMPLETED IN FULL**

Date \_\_\_\_\_

1, Name \_\_\_\_\_

*Last Name*

*First Name*

*Middle Initial*

2, Home Address \_\_\_\_\_

*Street & No.*

*City*

*State*

*Zip*

3, Telephone No. \_\_\_\_\_ E:Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

4, Name of Father/Mother/Spouse or Legal Guardian \_\_\_\_\_

5, Address \_\_\_\_\_

*Street & No.*

*City*

*State*

*Zip*

6, Occupation \_\_\_\_\_

*(as listed on line #4)*

6A, Employer \_\_\_\_\_

*(of line #4)*

6B, Salary (gross per week) \_\_\_\_\_

*(list title and amount)*

6C, Family/Civic/Fraternal/Church Affiliations \_\_\_\_\_

7, Number & age of dependent Children in Family besides yourself \_\_\_\_\_

*Number / Ages*

8, Have you applied for other Scholarships/Awards?  Yes  /  No

If so where? \_\_\_\_\_

If so how much? \_\_\_\_\_

**FOR R.N. BACCALAUREATE PROGRAM-STATE OF MAINE SCHOOL ONLY**

**9, School of Nursing where applying** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Circle 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Year Applying For** \_\_\_\_\_

**10, Have you been accepted for admission \_ Yes / No \_ Where** \_\_\_\_\_

**Address** \_\_\_\_\_

**If so, what is the name of Director?** \_\_\_\_\_

**10A, Statement of preparation you have made for this course**

\_\_\_\_\_  
\_\_\_\_\_

**HIGH SCHOOL & TRAINING** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**JOBS & SAVINGS, ETC.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**11, Do you have any type of part time work for pay?** \_\_\_\_\_

**if so how much do you earn?** \_\_\_\_\_

**what type of work do you do?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**12, About how much money (Financial Assistance) is required to enter, or remain, in the school of R.N. Nursing of your choice:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**13, Why is financial assistance needed?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

14, If accepted, it is expected that you will write QUARTERLY to the Awards Committee in regard to your studies and progress made. Will you be willing to comply with this request? \_\_\_\_\_

15, Name of High School & Address \_\_\_\_\_

16, Name of Principal & date awards are made to Students \_\_\_\_\_

17, Please give the names, address & relationship of (5) five people who know you personally (not relatives) who are willing to recommend you for this award. Include your High School Principal or Director of Nursing.

**\*TEACHERS, FRIENDS, NEIGHBORS, PASTORS, ETC.**

18, Letters of Recommendation MUST accompany all applications to have them in a qualifying status. First year Students-Guidance Director and /or Principals, etc. Second, Third & Fourth year Students- Director of Nursing, etc.

19, High School or College OFFICIAL grade transcript MUST also accompany application.

(internet grade transcripts are not acceptable)

If I am a recipient of this award, I will endeavor to complete the course. Should I VOLUNTARILY RESIGN, I ACCEPT the responsibility to repay, in full, (interest Free) the amount granted over a reasonable period of time.

The above statements and information are, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

it is with my knowledge and permission that my Daughter/Son has filed an application for this award in pursuing Her/His education.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian of Applicant  
(Must Be Signed If Applicable)

Completed applications and letters of recommendation should be sent to the following:

Grand Lodge of Maine IOOF, 80 Caron Lane Auburn, ME 04210 or e-mail [glioofmesec@roadrunner.com](mailto:glioofmesec@roadrunner.com)

For applications to be considered, it must be legible & completely filled out.

No applications accept after April 15<sup>th</sup> !!!

If more space is needed for any question, please attach an extra sheet or sheets.