

**ERVIN L. STEELE**  
**Nursing Scholarship 2023—2024 Official Entry Form**  
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STUDENT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

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

Student email address: \_\_\_\_\_

High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ School Phone #: \_\_\_\_\_

Grade Point Average through Mid—Senior Year: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

**COPY OF OFFICIAL SCHOOL TRANSCRIPT MUST ACCOMPANY APPLICATION:**

Name of School / College of Nursing to which you were accepted.

\_\_\_\_\_

School Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



