

# Natchitoches Regional Medical Center

## FOUNDATION

### Scholarship Application

All items must be completed. Please print in ink or type.

Return completed application to:  
Natchitoches Regional Medical Center  
Administration Office  
Cathy Jacobs  
P.O. Box 2009  
Natchitoches, LA 71457

Name \_\_\_\_\_  
Last First Middle Maiden

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female \_\_\_

Permanent  
Address \_\_\_\_\_  
Street or P.O. Box

City State Zip

Parish or County Telephone Number

Local Address \_\_\_\_\_  
Street or P.O. Box

City State Zip

Parish or County Telephone Number

Enrollment Status \_\_\_ Accepted in Clinical \_\_\_ Enrolled in Clinical \_\_\_

This application is for the \_\_\_\_\_ Academic School Year

List below any honors that you have received. (Include academic, extracurricular, athletic, community service, etc.)

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If there us any further information that you feel would be helpful to Natchitoches Hospital Foundation in considering you for a Foundation Scholarships, please use the following space to explain. Include why you want to work as a nurse at Natchitoches Regional Medical Center.

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I certify that the information submitted is true and complete to the best of my knowledge. I understand that the loan must be repaid if I do not work at Natchitoches Regional Medical Center following graduation.

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Signature of Applicant

Date