

**BETTY KIRKPATRICK SCHOLARSHIP FUND
(For Nursing Students)**

Name of Student: _____

Address: _____

Phone #: _____ Cell #: _____

E-mail Address: _____

Social Security Number: _____

Parent/Guardian: _____

Address: _____

Phone #: _____ Cell #: _____

Please mark with an X which school student is a graduate of:

Switzerland County H.S. _____

Rising Sun High School _____

Year of graduation from high school: _____

TO BE ELIGIBLE FOR THIS SCHOLARSHIP, STUDENT MUST HAVE COMPLETED AT LEAST ONE YEAR AT AN ACCREDITED NURSING SCHOOL.

Name and Address of Nursing School:

TO BE ELIGIBLE FOR THIS SCHOLARSHIP, STUDENT MUST BE OF GOOD CHARACTER, AND BE A CHRISTIAN. INDICATE BELOW THE CHURCH WHICH STUDENT IS A MEMBER.

Name and Address of Church:

**NEW APPLICANTS MUST SUBMIT APPLICATION AND CURRENT TRANSCRIPT OF GRADES TO THE GUIDANCE OFFICE OF SWITZERLAND COUNTY HIGH SCHOOL OR RISING SUN HIGH SCHOOL BY MAY 1ST.
PREVIOUS RECIPIENTS MUST SUBMIT APPLICATION AND CURRENT TRANSCRIPT OF GRADES TO FIRST FINANCIAL BANK BY MAY 1st.**

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

**Rising Sun High School
Guidance Counselor
210 S. Henrietta St.
Rising Sun, IN 47040
(812)438-2652**

**First Financial Bank
c/o YCAG
125 3rd Street
Columbus, IN 47201
(812)376-1981**