Kathleen Parmely Nursing Scholarship Application

This scholarship is for a Miller High School Senior planning to pursue a career in nursing. This scholarship is a \$250 one-time award.

Name:	r	Date:	
Address:	County:		
Zip Code:	Telephone:	Age:	
Full name of parent	or guardian:		
Occupation of paren	nt or guardian:		
College you plan to	attend:		
What type of nursin	g are you looking to pursue?		
	nity Involvement: List any pr A, FFA etc. that you feel are r	-	
	minimum essay about what dr e of humor is important in wo		
	a.		
Date:	Student Signature:		