

JoAnn LaCour Memorial Scholarship

Application Form

Name: _____ Phone: _____

Address: _____

Birthdate: _____ Email: _____

Years Lived in Alaska: _____ Current G.P.A: _____ Expected Graduation: _____

Parent/Spouse: _____

Address of Parent/Spouse (if different from yours): _____

School Activities:

Special Recognition & Awards:

Community Activities:

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Employment/Volunteer History:

Other Scholarships you have been awarded (amount & name):

College you plan to attend or currently attend:

Career Goals / Plans after College:

Briefly Explain why you chose the nursing field:

Please return all forms with attached requirements to:

Cheryl Easley c/o JoAnn LaCour Scholarship Committee: 6601 Beechcraft Rd. Wasilla, AK 99654