

**Soroptimist International of Red Bluff
Betty Kinner Memorial Scholarship Application**

Name of Applicant _____

Address: _____

Phone Number: _____

Name Nursing Program Attending: _____

How Many Years Nursing Program Completed: _____ **Grade Point Average:** _____

Attach two letter of recommendation, one should be from a Nursing

Instructor/Professor: _____

Discuss your ties/history to Tehama County: (You may use a separate sheet of paper if necessary)

Reason Seeking This Scholarship Related to Financial Need: (You may use a separate sheet of paper if necessary)

This Scholarship is meant for a female who has completed at least one year in a nursing program and is a mother. (Please describe yourself, your children and why you want to be a nurse. You may use a separate sheet of paper if necessary)

Signature of Applicant: _____

Date: _____

Deadline to submit applications: April 1st Annually

Return completed application to: **Soroptimist International of Red Bluff**

Attention: Foundation Committee

P.O. Box 962

Red Bluff, CA 96080
