CATHERINE AND HOMER THOMASON NURSING SCHOLARSHIP APPLICATION

Name of Applicant		
Address		
City / State / Zip Code		
*************************************	******************************	****************
This section needs to be complete scholarship committee.	ed by the high school counse	elor before the form is forwarded to the
Student's GPA	Class Rank	ACT Composite
Counselor's Signature		
**********	*******	********

SCHOOL ACTIVIT List all activities in whice community service lear (Add additional spaces)	ch you have par rning projects, e			ol. Include clubs, teams, musical groups, ment in each of them.			
Activity	Year (9, 10, 11, 12) Accomplishments			plishments			
							
LEADERSHIP ACT	ΓIVITIES						
List all elected or appoi	inted leadership			community, or work activities. For			
community leader.	, class or club o	micer, committee	<u>cnairper</u>	son, team captain, newspaper editor, or			
(Add additional spaces	as necessary)						
<u>Position</u>	Year (9, 1	Year (9, 10, 11, 12) A		Activity or Organization			

COMMUNITY INVOLVEMENT

				school and note any major_
			onsored or	utside the school, (Boy or Girl
Scouts, 4-H, volunteer		ty art endeavors).		
(Add additional spaces	as necessary)			
Community Involvement	<u>Year (9</u>	9, 10, 11, 12)	<u>Major A</u>	ccomplishment
			_	
			-	
			-	
			_	
			_	
WORK EXPERIEN	CF			
List below any job expe				
(Add additional spaces				
Job	Voor (C), 10, 11, 12 <u>)</u>	Occupa	tion
<u>300</u>	<u>1 Ear (3</u>	<i>)</i> , 10, 11, 12 <i>)</i>	<u>Occupa</u>	tion .
			-	
			_	
			_	
			-	
			_	
What college, university	y or technical schoo	ol are you planning	to attend?	
- 9 - 7 - 27 - 37	,	, g		

Write an autobiographical sketch about yourself. You might include your leisure time activities, your hobbies, and thoughts about your future, and your career plans. Please limit your autobiography to one page.

Catherine and Homer Thomason Nursing Scholarship Fund

When Mrs. Thomason passed away, she wanted to establish a Nursing Scholarship program for Jefferson County. She requested that Denison State Bank of Meriden, be the Trustee for this program. This is an Annual Nursing Scholarship that will be awarded to any graduating senior student within ANY Jefferson County High School.

Thank you for considering this Annual Scholarship!

Tim Benyshek Gayla Ketron
Vice President Branch Manager
Denison State Bank Denison State Bank

Benefits: Scholarship award - \$1,000 min up to \$2,000 max (nonrenewable)

Selection Criteria: Scholarship applicants must:

- Have an accumulative GPA of 3.0 or above
- Be a Senior in a Jefferson County High School
- Enroll for classes for the FALL, 2024 semester
- Attend an accredited college, university or Nursing School
- Be a well-rounded individual, committed to academic EXCELLENCE and Community Service
- Provide a Letter of Recommendation from either a School Counselor or someone currently in the Medical Profession

To Apply: Applications are available in the counselor's office

Deadline: Completed application must be received in the counselor's office no later than

NOON on Friday, March 22th, 2024; for delivery to the bank by 5:00

P.M. on Friday. March 29, 2024.

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Name:				
Address:				
Parent's Name:				
Contact phone #				