

PILOT CLUB OF SHINER NURSING SCHOLARSHIP APPLICATION

Name _____ Phone Number _____

Address _____

Age _____ Marital Status _____ Number of Children Living at Home _____

Spouse Occupation _____ Current GPA (if applicable) _____

Email _____

Nursing Program for 2024-2025 _____

Post High School Education/Certifications _____

Work Experience for the Last 5 years (if applicable) _____

Community or Church Activities including volunteering _____

Why Have You Chosen Nursing as a Career? _____

What Are Your Plans for After Graduation? _____

The mission of Pilot International is to improve the quality of life for people who are brain injury survivors or live with brain-related disorders or disabilities. Please state your career goals as they relate to assisting individuals with brain related disorders.

Please call Jennie Chrismon 361-772-2665 if you have questions.