

# RACHEL DEWITT LOVEKAMP MEMORIAL NURSE EDUCATION SCHOLARSHIP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT: \_\_\_\_\_

## SCHOLASTIC ACTIVITIES

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## SCHOLASTIC ACHIEVEMENTS

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## OTHER ORGANIZATIONS AND AWARDS

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## FUTURE EDUCATIONAL PLANS

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Submit completed application along with an essay up to two pages typed describing your future education plans in nursing and why you chose to pursue nursing to:

Christ Atkins  
C/O RDLMNES  
4601 N. West Point Rd.  
Glencoe, OK 74032