**North Carolina State Elks Association**

**2016 Nursing Scholarship – Counselor Report**

Applicant: Fill out your name and give this page to your counselor or appropriate school official. This section can be completed by your counselor before you are finished with the application, but must be in a sealed envelope and signed across the seal.

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor: This form will be used to verify the applicant’s academic status, so be sure to provide accurate information. Please include a copy of your school profile, if available, and answer all of the following questions, even if the information is included in the profile. Please secure these items in a sealed envelope, signed across the seal, and give to the student to include with the application. This form will not be returned to the applicant.

This applicant’s unweighted grade point average (A=4.0) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The highest GPA in the graduating class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s highest test scores: ACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Date taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SAT Critical Reading \_\_\_\_\_\_\_\_\_\_ Math \_\_\_\_\_\_\_\_\_\_/Date(s) taken\_\_\_\_\_\_\_\_\_\_

Does your school offer courses related to the Nursing/Medical field? \_\_\_\_\_yes \_\_\_\_\_no

If so, please list them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the applicant volunteered or taken part in any health related activities, clubs or other organizations at the school? \_\_\_\_\_yes \_\_\_\_\_\_no

How would you describe this applicant’s academic program compared with that of other students applying for scholarships?

\_\_\_ Below Average \_\_\_Average \_\_\_Above Average \_\_\_Rigorous \_\_\_Most Rigorous

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_