

**BUSH LEGACY REPUBLICAN WOMEN OF WEATHERFORD**

**NIKKI ALLEN MEMORIAL SCHOLARSHIP for Nursing**

**APPLICATION - 2020**

**GUIDELINES**

BUSH LEGACY REPUBLICAN WOMEN OF WEATHERFORD is honored to offer the Nikki Allen Memorial Scholarship for nursing, a 500 dollar scholarship. This scholarship will be awarded to a high school student or any person entering into a facility established to enhance higher education, including a university, college, and trade school. All applicants must be at least a high school student having graduated in 2020 or earlier. There shall be no limit on the age of the student.

Carolyn Estes was a founding force in the Bush Legacy Republican Women of Weatherford organization, holding the office of President during its inaugural year. Mrs. Estes was a woman of high morals always displaying a deep love for and loyalty to her country and her profession. Carolyn Estes was an educator who taught many students and enthusiastically mentored numerous co-educators during her lifetime. It is in the same conservative spirit Carolyn displayed, the same loyalty to fellow Americans and the U.S.A. she shared and the same enthusiasm she promoted higher education for everyone that the Bush Legacy Republican Women of Weatherford offer this scholarship. Need info on Nikki!

The GUIDELINES for the application process are as follows:

- Applicant is a United States Citizen.
- Applicant must possess good citizenship, high morals and ethical standards.
- Applicant must have 3.0 GPA or better.
- Applicant must be registered to vote if of age.
- Applicant must be a permanent resident of Parker County at the time of graduation or at the time of completing the application, if you graduated prior to 2020.
- Applicant must write an essay of a minimum of 300 words (see Page 2, Attachments)
- Applicant must have three (3) letters of reference (see Page 2, Attachments).
- Applicant must include a resume' including information required per Page 2.
- Application must be completed in full and notarized. If you are unable to answer a question or provide a required item, please explain in detail in the space allocated in the application.
- Applicant must agree to have photos taken with members of BLRWW.
- Applicant shall hold harmless the Bush Legacy Republican Women of Weatherford for any and all situations that may arise from submission of the Application.
- Top five (5) finalists must be willing to participate in an interview.

**BUSH LEGACY REPUBLICAN WOMEN OF WEATHERFORD**

**NIKKI ALLEN MEMORIAL SCHOLARSHIP**

**GUIDELINES – CONTINUED**

**APPLICATIONS SHALL BE SUBMITTED BY MAIL, POSTAGE PREPAID, ON OR BEFORE:** Aug 1st, 2020. The application shall be considered submitted when it has reached the BLRWW representative at the address below. Applications post marked on or before the date of submission and not received by the deadline shall not be considered.

**MAIL ALL APPLICATIONS AND ATTACHMENTS TO:**

BLRWW  
PO Box 283  
Weatherford, Texas 76086

**SCHOLARSHIP RECIPIENT** will be contacted by telephone on or before Aug 15<sup>th</sup>, 2020. It is the sole responsibility of the applicant to advise the education committee of any change of information. Please send any new information to the above mailing address, postage prepaid.

**RECIPIENT** agrees to attend a meeting of Bush Legacy Republican Women of Weatherford at the earliest convenience.

**RECIPIENT** will be asked to give a five minute presentation to the membership about themselves, their achievements, their goals and other applicable information.

**SCHOLARSHIP** amount shall be made payable by check to the facility of higher education where the recipient shall be attending.

**SCHOLARSHIP** will be voided for school non-attendance.

**SCHOLARSHIP** will be voided if information regarding payment to the school is not received by October 1, 2020; thereby, rescinding the scholarship offer.

**BUSH LEGACY REPUBLICAN WOMEN OF WEATHERFORD**

**NIKKI ALLEN MEMORIAL SCHOLARSHIP**

**APPLICATION – 2020**

PLEASE PRINT:

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

ADDRESS: \_\_\_\_\_,  
  Street  City  Zip

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

DATE OF BIRTH: \_\_\_\_ \_\_\_\_ \_\_\_\_

ARE YOU ATTENDING SCHOOL NOW? YES \_\_\_\_ NO \_\_\_\_ IF YES, COMPLETE THE FOLLOWING INFORMATION (OR ALL THAT APPLIES) FOR THE HIGH SCHOOL/COLLEGE/UNIVERSITY/TRADE SCHOOL YOU ARE ATTENDING:

SCHOOL: \_\_\_\_\_

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

FIELD OF STUDY: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

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

WHERE DO YOU PLAN TO ATTEND COLLEGE/UNIVERSITY/TRADE SCHOOL:

NAME OF SCHOOL: \_\_\_\_\_

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

FIELD OF STUDY: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SAT SCORE: \_\_\_\_\_ ACT SCORE: \_\_\_\_\_

ARE YOU A U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A REGISTERED VOTER: YES \_\_\_\_\_ NO \_\_\_\_\_

IF REGISTERED, DID YOU VOTE IN THE LAST ELECTION? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, WHEN WAS THE LAST TIME YOU VOTED? \_\_\_\_\_

ARE YOU EMPLOYED? YES \_\_\_\_ NO \_\_\_\_ EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Address Phone #: \_\_\_\_\_  
Name

DATE EMPLOYED: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STATE OF TEXAS )  
                                      )  
COUNTY OF )  
\_\_\_\_\_ )

**ACKNOWLEDGMENT**

I, the undersigned, first being duly sworn, upon oath, depose and state that any and all information submitted by me in the Application for the Carolyn Estes Memorial Scholarship and attachments thereto, is true and correct to the best of my knowledge and belief. I further state the essay and all other attachments are my own work in their entirety, except as specifically credited via reference.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

STATE OF TEXAS )  
                                      ) SS  
COUNTY OF )  
\_\_\_\_\_ )

I, the undersigned, a notary public in and for the State of Texas, do hereby state that \_\_\_\_\_, the Applicant, appeared before me on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and affixed his/her signature to this Acknowledgment.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**BUSH LEGACY REPUBLICAN WOMEN OF WEATHERFORD**

**NIKKI ALLEN MEMORIAL SCHOLARSHIP**

**ATTACHMENTS TO APPLICATION**

**REQUIRED ATTACHMENTS:**

The following attachments are required to be submitted with the completed application form. Incomplete applications and/or attachments will not be considered.

1. A COPY OF YOUR CURRENT HIGH SCHOOL TRANSCRIPT IF YOU WILL GRADUATE IN 2020.
2. THREE (3) LETTERS OF RECOMMENDATION FROM ADULT PROFESSIONALS WHO ARE NOT RELATED TO YOU. ONE (1) LETTER MUST BE FROM AN ACADEMIC PROFESSIONAL HAVING IMMEDIATE KNOWLEDGE OF YOUR EDUCATIONAL CAREER. TWO LETTERS (2) MUST BE FROM PERSONS ENGAGED FULL-TIME IN ANY OCCUPATION OR FIELD OF WORK, INCLUDING ACADEMIC.
3. AN ESSAY CONSISTING OF A MINIMUM OF THREE HUNDRED (300) WORDS WHICH ADDRESSES THE FOLLOWING TOPICS:
  - a. WHAT DOES BEING AN AMERICAN MEAN?
  - b. WHAT DOES THE WORD "CONSERVATIVE" MEAN TO YOU?
  - c. ARE CONSERVATIVE VALUES IMPORTANT IN TODAY'S SOCIETY? WHY OR WHY NOT?
  - d. WHY SHOULD YOU BE CONSIDERED TO RECEIVE THIS SCHOLARSHIP?

ESSAYS MUST INCLUDE REFERENCES TO OUTSIDE RESOURCES IF QUOTED IN THE TEXT OR THE ESSAY. ALL RESOURCES MUST BE PROPERLY CITED SO AS TO ALLOW THE READER TO LOCATE THE INFORMATION.

PLEASE ATTACH A RESUME' OF INTERESTS, ACTIVITIES, HONORS, AWARDS, AND/OR RECOGNITIONS YOU MAY HAVE RECEIVED FROM ANY PERSON, ORGANIZATION OR SCHOOL. INCLUDE THE NAME OF THE HONOR, THE DATE RECEIVED, WHO MADE THE PRESENTATION, NAME OF SPONSOR OF AWARD/HONOR AND WHAT THE AWARD MEANT TO YOU.