

Kay Weaver Memorial Nursing Scholarship Application

Application Due Date: 4/15/2026

Student Name _____

Mailing Address _____

City, State, Zip _____ Telephone _____

E-mail Address _____ Birthday _____

Name and Phone Number of Relative or Contact Person _____

High School and Date of Graduation _____ Cumulative GPA _____

Name and Address of College or University You Plan to Attend/Accepted to: _____

Signature _____ Date _____