ERVIN L. STEELE Nursing Scholarship 2025—2026 Official Entry Form Page 1

STUDENT NAME:	 (Last)	 (First)	(Middle)
Mailing Address:	, ,	(11130)	
Student email address	::		
High School:			
Date of Graduation: _		School Phone #:	
Grade Point Average t	hrough Mid—Senior	Year:	
Verified by:		Title:	
COPY OF OFFICIAL SCH	IOOL TRANSCRIPT M	IUST ACCOMPANY APPLICATION	1 :
		nich you were accepted.	
School Mailing Addres	s:		
Phone Number:			
Print Name:			
Signature of applicant	:	Date:	

ERVIN L. STEELE Nursing Scholarship 2025—2026 Official Entry Form Page 2

Applicant's Name:								
Deadline for	submission to	Guidance Couns	elor March 20th , 2	026				
which is pert	-	ursing field. You	me work, volunteei r reason for selecti					