

VALERIE E. YAHN SCHOLARSHIP
2026 Application

Please TYPE or PRINT your answers. If application is illegible it will be returned to you.				
1	First Name:		Last Name:	
2	Street		City/State/Zip:	
3	Daytime Phone No.		Email:	
4	Date of Birth:	Month/Date/Year:		
5	Name & address of parent(s) or legal guardian(s): Use reverse if you need more space:			
	Name:			
	Street			
	City		State/Zip:	
	Home phone for parent or legal guardian		()	
6	Current High School		No. years attended:	
7	Name & city of other high school(s) attended:		No. years attended:	
			No. years attended:	
8	Grade Point Average (GPA)	On a 4.0 scale:		
	Attach proof of GPA. Your most recent Official school transcript required			
9	ACT Score		Or, SAT Score:	
	A copy of your ACT or SAT score sheet on official high school transcript required			
10	I will be attending the following school in the fall :			
	School			
	City:		State/Zip:	
	Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds .			
11	List expenses you expect to incur per semester or quarter (approximate figures acceptable):			
	A	Tuition	Amount	\$
	B	Books	Amount	\$
	C	Room & Board	Amount	\$
	D	Other expenses	Amount	\$
	E	Other expenses	Amount	\$
	COMMENTS: Describe Other Expenses			

16	A.	The following items must be attached to this application in order for the application to qualify to be reviewed by the Scholarship Committee.
	B.	Your application will be returned to you if your transcript, personal summary statement, or two letters of recommendation are not attached to this application.
	C.	Circle YES or NO to be sure you have attached each item

YES	NO	Proof of college/nursing school acceptance or current student enrollment. A letter of college/nursing school acceptance or program (acceptance is required for receipt of funds).
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YES	NO	Most recent OFFICIAL high school transcript. Photocopies are NOT ACCEPTABLE .
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YES	NO	Written Personal Summary Statement
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YES	NO	Two (2) letters of recommendation. Return these completed in a sealed envelope from your teachers, administrators, clergy, employers, or counselors.
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STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Institute for Nursing's scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____

Date: _____

REMINDER
Deadline is February 1, 2026
NO EXCEPTIONS