

# Mary Lynn Prince Scholarship

## Application

This application is for a scholarship to be used for educational expenses directly incurred as a prospective or current Nursing student at the Tennessee College of Applied Technology Shelbyville. First preference will be for those applicants employed at Carriage House Inn Assisted Living facility in Shelbyville, TN.

The selection of recipients for this scholarship will be based on (1) desire for the applicant to further his or her education and (2) financial need of the student and family.

Selection of recipients will be determined by a scholarship committee.

**All applicants are required to submit the following to be considered:**

1. Completed application
2. Resume of work experience and community service

**All applications are to be submitted to the TCAT-S Student Services office, c/o Student Services Coordinator.**

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you filed your FAFSA?: yes \_\_\_\_\_ no \_\_\_\_\_

Are you a current TCAT-Shelbyville Nursing student? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, when do you anticipate enrollment at TCAT-Shelbyville? Month \_\_\_\_\_ Year \_\_\_\_\_

Please explain below any obstacles financial or otherwise that you are facing in trying to further your education.

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(Please see next page for additional application requirements)

In addition, please explain any future obstacles you see that might impact your ability to continue your education.

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The following reference information will be used by the scholarship committee only.

Reference #1: Name _____	Reference #2: Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
How you know this person? _____	How you know this person? _____

If awarded this scholarship, I grant permission for my name, photo, and other information to be used in reports and promotional materials.

Yes \_\_\_\_\_ No \_\_\_\_\_

The information provided on this application is true and accurate to the best of my knowledge. I agree to use the scholarship funds provided to me to further my education endeavors at the Tennessee College of Applied Technology Shelbyville.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit Completed Application to:

Tennessee College of Applied Technology Shelbyville  
Student Services Coordinator  
1405 Madison Street  
Shelbyville, TN 37160

For questions, please call our Student Services office at (931) 685-5013