

Application for the Anna Marie Helbing Trust for Nursing Education

Applicant Name _____ Name of Parent(s), Guardian(s) or Spouse _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

CARBON

County of Residence _____ Telephone Number _____ Parent(s), Guardian(s) or Spouse Annual Income _____

Date of Birth _____ Applicant Annual Income _____

Highest Level of Education Completed _____

Nursing Degree you will be Pursuing _____

Name, Address and Phone Number of School you will be attending _____

List other Grant or Scholarship Applications you Completed and/or Received _____

How did you hear about us? Times News What's Happening
 School Other: _____

Additional Documentation Required

- ▶ Verification of Income for Applicant.
- ▶ Verification of Income for Parent, Guardian or Spouse.
- ▶ Copy of Current Grades OR Acceptance Letter to school you will be attending.
- ▶ Statement of why you are requesting this assistance. Please include need, leadership, academic background, personal commitment to nursing and community service.

Application may be mailed to:

Mauch Chunk Trust Company
Attn: Wealth Management Division
1202 North Street
P.O. Box 289
Jim Thorpe, PA 18229

Signature of Applicant Date

Signature of Parent, Guardian or Spouse

*Applications may also be dropped off at any
branch of the Mauch Chunk Trust Company*

Application must be completed in every item. All additional information must be included. False Information may disqualify application. Awards will be made according to the terms established under the will of Anna Marie Helbing. All decisions of the committee will be binding and final.

Deadline for Completed Application is April 30th