

EXHIBIT I

CONFIDENTIAL



**VALLEY HEALTH SYSTEM
15 ESSEX ROAD
PARAMUS, NEW JERSEY 07652**

**STRINGER/FEATHERSTONE NURSING SCHOLARSHIP PROGRAM
APPLICATION**

DATE _____
NAME _____ SOCIAL SECURITY # _____
ADDRESS _____ DATE OF BIRTH _____
TELEPHONE _____
Town State Zip

(The following must be completed only by high school students)

Father, male guardian or spouse _____
Name and address of employer _____

Nature of Business _____ Position held _____
Years with firm _____

Mother, female guardian spouse _____
Name and address of employer _____

Nature of Business _____ Position held _____
Years with firm _____

Names of brothers and sisters (living with you)

	Age	Occupation

How did you hear about The Valley Health System Stringer/Featherstone Nursing Scholarship Program?

What are your summer employment plans? _____

Type of Job _____
Location _____

4. Complete your work experience during the last 3 years (starting with the most recent employment.)

1.	Company Name	Telephone: ()
	Address (Street, City, State, Zip Code)	(month and year) From: To:
	Name of Supervisor and Title	Weekly pay: Start: Last:
	State job title and describe your work Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving:
2.	Company Name	Telephone: ()
	Address (Street, City, State, Zip Code)	(month and year) From: To:
	Name of Supervisor and Title	Weekly pay: Start: Last:
	State job title and describe your work Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving:
3.	Company Name	Telephone: ()
	Address (Street, City, State, Zip Code)	(month and year) From: To:
	Name of Supervisor and Title	Weekly pay: Start: Last:
	State job title and describe your work Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving:

5. **FINANCIAL INFORMATION**

A. **ESTIMATED EXPENSES TO NEAREST DOLLAR FOR FIRST CHOICE:**

(Please attach a copy of the most recent expenses of your first choice school)

TUITION	\$
REGISTRATION FEE	
ROOM & BOARD	
BOOKS	
UNIFORMS	
OTHER	
TOTAL A	\$

B. **ESTIMATED INCOME:**

FAMILY FINANCIAL CONTRIBUTION <i>(High school Students only)</i>	\$
(a) Applicant's total savings (\$_____)	\$_____
(b) Portion to be applied to next year's cost (Suggest you contribute 1/3 of savings)	
APPLICANT'S ANTICIPATED EARNINGS FROM SUMMER EMPLOYMENT	\$_____
TOTAL B	\$

C. **ESTIMATED NEED FOR YEAR:**

(Total A <u>minus</u> Total B)	\$
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6. LIST ALL SCHOLARSHIPS, GRANTS, AND LOANS FOR WHICH APPLICATIONS WILL BE MADE OR HAVE BEEN MADE OR HAVE BEEN GRANTED:

7. ADDITIONAL INSTRUCTIONS TO APPLICANT:

- A. A CSS Financial Aid Profile shall be filed by February 15th with the College Scholarship Service. The CSS Financial Aid Profile application may be secured by calling the College Scholarship Service at 1-305-829-9793. Name the Valley Health System, Code 9663, as the scholarship agency. This shall be done before returning this application either to the high school Guidance Counselor or to the Vice President of Human Resources of The Valley Hospital.
- B. A personal interview by the Valley Health System shall be required.
- C. All matters pertaining to applicant inquiries shall be directed to the Education Department of The Valley Health System, 15 Essex Road, Paramus, New Jersey 07652 - (201) 291-6040.

APPLICANT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF SCHOOL COUNSELOR

COUNSELOR'S TELEPHONE