



LPN Faculty Scholarship to qualify for West Virginia Department of Education Teaching Certificate Application Form 2008 – 2009

Directions:

1. Please review selection criteria to ensure you are qualified to receive funds.
2. You may be asked to provide documentation to demonstrate your qualifications to receive an award.
https://www.surveymonkey.com/s.aspx?sm=sOW3CIsGIRaPVtkLT_2bHn1w_3d_3d

Applicant Name: _____

Permanent Address: _____

(Street/Apt #/PO Box)

(City/State/Zip)

Current Address: _____

(Street/Apt#/PO Box)

(City/State/Zip)

Telephone: Home: _____ Cell: _____

E-mail: Work: _____ Home: _____

Name of School Attending: _____

City/State/Zip

Certification Seeking: _____ WV Teaching Certificate

Which LPN School of Nursing are you currently employed: _____

Work contact information: Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Please Check **ONE**: I intend to work in West Virginia upon completion of this certificate:
 Yes No

Amount applying for:

\$ _____

Semester: _____

I understand that if I receive an award and do not take a job in West Virginia after graduation I will be expected to repay the amount of the award in full immediately.

Print Name

Signature

Date



Student contact information

Please type or print legibly. Remember that you may access this form online via our website or from the following link https://www.surveymonkey.com/s.aspx?sm=2fiR_2buvJFRgeMLhsYxfw4iw_3d_3d

Name: _____

Current Address: _____

City/State/Zip: _____

Permanent Address: _____

City/State/Zip: _____

Home Phone _____ Work _____ Cell _____

E-mail: _____

Amount Awarded: \$ _____

Which semester was award received: Fall 2008 Spring 2009

Actual or Anticipated graduation date: _____

Current place of employment:

Name: _____

Address: _____

City/State/Zip: _____

Where do you plan to work upon graduation? _____

Have you been offered a job? Yes No

If yes, where? _____

How did receiving this award help you continue your education?

What did you use the award for?

What other resources of financial aid did you have?

1. _____ Amount of Aid: \$ _____

2. _____ Amount of Aid: \$ _____

3. _____ Amount of Aid: \$ _____

Attach additional pages if needed.

Thank you for taking the time to complete this questionnaire.

The WV Center for Nursing wishes you continued success in your nursing career.

Return application to: West Virginia Center for Nursing, 1018 Kanawha Boulevard, E.; Suite 700; Charleston, WV 25301



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