Faculty Scholarship Doctoral Education Application Form 2010 – 2011

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.

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 of Nursing Attending: _____

_____
City/State/Zip

Seeking Which Nursing Degree: □ Doctoral
___PhD ___DNP ___DNSc ___EdD ___Other; please specify:

Please Check **ONE**: □ In state □ Out of state □ On line

Which School of Nursing are you currently employed: _____

Work contact information:

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Please Check **ONE**:

I intend to continue to work in West Virginia upon graduation:
□ Yes □ No

Amount applying for:

$ _____

Semester: _____

I understand that if I receive an award and do not take a maintain my nursing position in West Virginia after graduation I will be required to repay the amount of the award in full. I also acknowledge I am required to work in a nursing education profession in the State of West Virginia for a minimum of two years or will be required to repay the full amount of the award.

_____ _____ _____
Print Name **Signature** **Date**

Student contact information

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

Please type or print legibly.

This form must be completed in full. Failure to do so will delay disbursement of funds until a completed for is received.

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 2010 □ Spring 2011

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.

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