

LPN Faculty Scholarship to qualify for West Virginia Department of Education Teaching Certificate 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 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 licensed 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 licensed nursing 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.

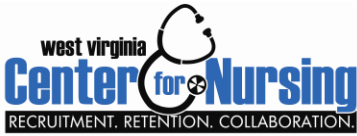
Print Name

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.

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.