

2010-2011 Student Scholarship Application Form To Be Used By All Schools

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.
3. Please type or print legibly.

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: _____
Name of School of Nursing Attending: _____
City/State/Zip

Seeking Which Nursing Degree: LPN, ASN, BSN, MSN, DOCTORAL

Please Check: I have completed 50% of my nursing curriculum. I have attached 3 references (current faculty, Dean/Director, current/previous Employer)

Please Check ONE: I intend to work in West Virginia upon graduation: Yes No

NOTE: If you answered yes to this question, receive an award, but do not work in West Virginia after graduation in licensed nursing position for a minimum of two years, you will be required to repay the amount awarded.

Current GPA: _____
Where are you employed and what is your job? _____

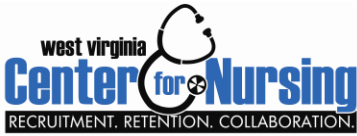
Please check the category of need: Underserved, Displaced, Second degree student, Other degree(s), Graduate student preparing for a faculty position, RN preparing for a School nurse position, Public health nurse position

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

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.