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November 2010

Dear West Virginia Center for Nursing Scholarship Participant:

On behalf of the Board of Directors, congratulations on receiving this award. These scholarships are made possible by the currently licensed Registered Nurses and Practical Nurses in West Virginia. I am requesting you complete the attached form and return the completed form to your schools contact person. No funds will be released until the completed form is submitted. The form below can also be found on our website, [www.wvcenterfornursing.org](http://www.wvcenterfornursing.org) or [https://www.surveymonkey.com/s.aspx?sm=gSLoa5aqDx\\_2fsuJoCXlMnhA\\_3d\\_3d](https://www.surveymonkey.com/s.aspx?sm=gSLoa5aqDx_2fsuJoCXlMnhA_3d_3d).

This information about you helps the Center to determine the effectiveness of this program and to determine the need for awards for the next academic year.

If you have any questions, please do not hesitate to contact me at 558-0838 or via e-mail to [napier@hepc.wvnet.edu](mailto:napier@hepc.wvnet.edu).

With Regards,

*Duane F. Napier*

Duane F. Napier, MSN, RN,BC, Executive Director  
Robert Wood Johnson Executive Nurse Fellow

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=27kVzSMtfWCC7iYZydtBpw\\_3d\\_3d](https://www.surveymonkey.com/s.aspx?sm=27kVzSMtfWCC7iYZydtBpw_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.