

# Nursing Student Scholarship Application Form

This scholarship is only available for college sophomores, juniors and seniors who are graduates of a West Virginia high school and are residents of West Virginia.

Date: \_\_\_\_\_

*Application must be completed to be considered for a scholarship.*

Name: \_\_\_\_\_  
Last First Middle

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ Other: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Home Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ How long have you lived in West Virginia? \_\_\_\_\_

College/University attending: \_\_\_\_\_

Major: \_\_\_\_\_ Year in school: \_\_\_\_\_

Cumulative grade-point average: \_\_\_\_\_ Full- or part-time student? \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

**Complete the following information.**

Dependent     Independent    Estimated annual income (parent income if a dependent): \_\_\_\_\_

Marital Status:     Married     Separated     Divorced     Single

Spouse's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Approximate length of time employed: \_\_\_\_\_

Parent(s) or Guardian's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Approximate length of time employed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Approximate length of time employed: \_\_\_\_\_

List other financial aid you receive (e.g.,scholarships, aid, loans, etc.)

Name	Date Received	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Applicant's work experience.*

Past employer(s) or attach employment resume:

Dates employed:

_____	_____
_____	_____
_____	_____

Current employer: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

What interests you in this scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your specific career plans? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know when considering your application? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Application deadline is April 1.**

*Please enclose three letters of reference and your college transcript of work completed to date, and mail to:*

Brenda Porter  
Cabell County WVU Extension Service Office  
2726 Howells Mill Road  
PO Box 219  
Ona, WV 25545-0219

*West Virginia CEOS is supported by the WVU Extension Service Families and Health Programs*

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