**Scholarship APPLICATION**

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| **Please** **complete entirely Date:** Click or tap here to enter text. | | |
| 1. | First Name: Click or tap here to enter text. | Last Name: Click or tap here to enter text. |
| 2. | Mailing Address Street: Click or tap here to enter text.City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text. | |
| 3. | Telephone Number: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | |
| 4. | Date of Birth: Click or tap here to enter text. | |
| 5. | Name and address of the school you are currently attending: Click or tap here to enter text. | |
| 6. | Name and address of the Nursing school you plan to attend in the fall:Click or tap here to enter text.  What level of Nursing degree will you pursue?Click or tap here to enter text. | |
| 7.    8.  9. | Name & address of parent(s) or legal guardian(s):**(Include address if different than your own listed in Question 2.)**  Name(s):Click or tap here to enter text.  Street: Click or tap here to enter text.  City: Click or tap here to enter text. State: Click or tap here to enter text. Click or tap here to enter text.Zip:  Home phone of parents or legal guardians: Click or tap here to enter text. Work phone:Click or tap here to enter text.  Email address of parent or guardian:Click or tap here to enter text.  What area of Nursing are you most interested in?Click or tap here to enter text.  Why are you interested in pursuing a career in Nursing? Click or tap here to enter text.    Do you aspire for a career at a local company, if so who?Click or tap here to enter text.  Anything else you would like to tell us about yourself?Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Two Letters of Recommendation from a teacher, educator, employer etc.  Please include in application packet. | |

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** Click or tap here to enter text.

**Date:**Click or tap here to enter text.

**Checklist**

Application

2 Letters of reference

**EMAIL COMPLETE APPLICATION PACKAGE TO:**

[**cmozes@weny.com**](mailto:cmozes@weny.com)

**REMINDER:**

**The deadline for this application to be received is:**

**May 23, 2025, 4:00 p.m. NO EXCEPTIONS!**