**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 AddressStreet: 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**

**REMINDER:**

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

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