

VCTC Practical Nursing Scholarship Application

*A new application will need to be completed and submitted by the due date for each year that you would like to be considered for scholarship funds

1. Name _____

2. Address _____

3. Married Y or N Lives with other adult Y or N Children Y or N Parents Y or N Alone Y or N

Other _____

4. Ages of children at home _____

5. Current Employer _____ hours/week _____

Please attach typed documentation your employment history (last 10 years). Beginning from present and moving backwards. Please list jobs and dates of employment.

6. Spouse/Partner/Parents employed Y or N

7. Reportable household income on your most recent tax return _____

8. How have you planned to pay for the coming school year?

9. Plans for employment following graduation

10. Additional information you think is important

To be completed by VCTC- PN Primary Instructor or Program Director

Academic history and current grade?

How many days has student missed?

Been Tardy? _____

How would you characterize the student's attitude towards classwork, faculty and classmates?

Is student in good standing? Y or N

Any additional information that is important in considering this applicant?

