



THE LADIES BOARD ILH 2017 NURSING SCHOLARSHIP APPLICATION FORM

**Applications will only be considered if they are legible and complete.
Please use this form, and use a separate sheet where needed.
Do not write on the back.**

Name: _____

Address: _____

City, State: _____ Zip code: _____

Phone: _____ Cell: _____ Email: _____

Were you awarded a scholarship from The Ladies Board last year? _____

EDUCATION:

High School Attended: _____

Location: _____ Graduation Date: _____

List any additional education.

College or Vocational School Attended: _____

Location: _____ Dates: _____

College or Vocational School Attended: _____

Location: _____ Dates: _____

EMPLOYMENT:

If you are presently employed, provide the name of your employer. _____

Phone: _____ Dates of employment: _____

Job Title: _____

List any other employment during the past 2 years.

Employer: _____ Dates: _____

Employer: _____ Dates: _____

STATUS IN AN ACCREDITED NURSING PROGRAM:

Page 2 of 3

**You must have completed 1 semester (9 credits) of nursing instruction
or 30 undergraduate college credits to apply.**

· I am currently enrolled in an accredited nursing program and have completed at least 1 semester (9 credits) of nursing instruction at _____.

OR

· I have completed at least 30 undergraduate college credits and been accepted into the nursing program at _____.
(You must include your **letter of acceptance**, showing your name, the name of the school and nursing as your major.)

ALL APPLICANTS must include a copy of your most recent **transcript**, showing (1) your name, (2) the name of the school and (3) nursing as your major.

If not currently a student, submit your most recent transcript from within last 5 years.

When do you expect to graduate? _____

EDUCATIONAL and PROFESSIONAL GOALS:

Give a description of your educational goals **AND** why you have selected the field of nursing. Use another sheet of paper as needed, do not write on the back.

EXPENSES:

Estimate your expenses for one (1) year’s tuition, books, supplies and fees. **Do not include room and board in this amount.** _____

List the source and amount of any additional financial aid you anticipate receiving or for which you have applied.

Explain your need for financial aid and how you would benefit from a scholarship. Attach a separate sheet if necessary.

REFERENCES:

List 2 references (other than family).

Name: _____ Phone: C _____ W _____

Name: _____ Phone: C _____ W _____

Please check the neatness and accuracy of the application! Are all attachments complete – including(1) name of applicant, (2) name of school and (3)nursing as your major?

Incomplete applications will not be accepted.

SIGNATURE: _____ DATE: _____

DEADLINE:

All applications must be postmarked by Tuesday, April 11, 2017.

MAIL to: Mrs. Joyce Biesecker, 40782 Woodside Pl., Leesburg, VA 20175