

Scholarship Fund Program Application Year 2020

Missing Item(s) will Void the Application

Date of Application:

Please type or print your answers. If application is illegible it will be returned to you.						
1.	Last Name:	First Name:				
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____					
3.	Daytime Telephone Number: ()					
4.	Date of Birth:					
5.	Are you related to any of DCHCA Board of Directors or staff? (Please circle) Yes No					
6.	School:					Number of years attended:
7.	I will be attending the following school in (Circle all that apply) a. Spring, _____ b. Summer, _____ c. Fall, _____ Proof of acceptance or current student enrollment from the above school is required prior to funds being released to the college or university.					
8.	I will be entering the above-mentioned school as a: (Circle one) Freshman Sophomore Junior Senior Graduate					
9.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.					
10.	Have you taken the GED exam? Yes Score _____ No If yes, please provide last transcript or proof of GED ACT exam? Yes Score _____ No If no, do you plan to take the exam? _____ If so, when? _____ SAT exam? Yes Score _____ No If no, do you plan to take the exam? _____ If so, when? _____					
11.	Name & address of parent(s) or legal guardian(s) if applicable: Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians (If under 18 years of age): _____ Cell: _____					
12.	Name and city of other schools attended:					Number of years attended:
13.	List the name of any college you have attended.	Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)	
	A.					
	B.					
	C.					
14.	What specialty/major do you plan to major in as you continue your education?					

19.	List all Healthcare Employment (Use extra sheet for additional information)			
	Names	Location	Role	Dates of Service

20.	List Volunteer Experience (Please attach another sheet of paper if you need more space for volunteer history)			
	Names	Location	Role	Dates of Service

21.	Personal Essay Please answer the following questions: <ol style="list-style-type: none"> Why are you desirous of becoming a Registered Nurse? What are your educational and professional goals and objectives? How will or has attending college impacted your life? <i>(Returning recipients only)</i> The Essay must be at least 1-2 pages, typed, double-spaced, and 12 pt / Time New Roman font. Kindly verify your essay is grammatically correct. Details matter in nursing.
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22.	A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Please verify contents of your application are grammatically correct. B. Your application will not be considered if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item as required.		
	YES	NO	Completed application. All questions are answered completely.
	YES	NO	Letter to Scholarship Committee. Not exceeding one (1) page. Must be typed.
	YES	NO	Two (2) Letters of Recommendation.
	YES	NO	Proof of college acceptance or current student enrollment. A <u>copy</u> of your college acceptance letter is required for receipt of funds.
	YES	NO	Most recent <u>official</u> high school transcripts or Last transcript/Proof of GED. Photocopies of your transcript are <u>acceptable</u> , if transcript is signed by a guidance counselor or principal.
	YES	NO	Personal Essay. Must be at least 1-2 pages, typed, double-spaced, and 12 pt / Time New Roman font.

STATEMENT OF ACCURACY

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 my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

I hereby understand that if chosen as a scholarship recipient, according to Dr. Solanges Vivens Nursing Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice and successful completion of the course(s) (grade C or higher) before scholarship funds can be awarded. I hereby understand that if chosen, the funds awarded will go to the school who will then give to the school and the school will disperse to the awardee.

Signature of scholarship applicant: _____

Date: _____

Signature of applicant's guardian/ parent if applicable: _____ Date: _____



“Supporting future Registered Nurses with need based Educational Resources.”

For Scholarship Committee Only:

Received by DCHCA date: _____ Name: _____ Signature: _____

Received by Scholarship Committee date: _____ Name: _____ Signature: _____

Received by Scholarship Committee date: _____ Name: _____ Signature: _____