



## Nursing Student Scholarship Application 2019

I am applying for the Virginia Hospital Center Nursing Scholarship Program. I understand if I am accepted, I will receive up to \$5000.00 towards full time enrollment in an accredited nursing program. I must maintain a standard of academic achievement consistent with the 3.0 GPA required for this scholarship. I understand all the requirements and conditions of this program.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Home Telephone Number: \_\_\_\_\_

Your Home Address: \_\_\_\_\_  
\_\_\_\_\_

Name and degree level of Nursing Program: \_\_\_\_\_

Your School Address: \_\_\_\_\_  
\_\_\_\_\_

Your School Telephone: \_\_\_\_\_

Expected Month/Year of Graduation: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

Clinical Area of Preference for Employment: \_\_\_\_\_

\*Current VHC employees - Employment Status: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_