



## NURSING FACULTY MEMORIAL SCHOLARSHIP APPLICATION

The Wallace Community College Foundation is offering two scholarships for Spring Semester 2009 for students attending the Dothan Campus or Fort Rucker Center--one for a Practical Nursing student, and one for an Associate Degree Nursing student. This scholarship will support tuition, fees, and/or books for up to \$750 for each recipient. Each award may be renewable for Summer Term upon successful completion of spring term.

### Qualifications:

1. Applicant must be admitted to one of the WCC nursing programs and must have successfully completed one term in the LPN program or two terms in the ADN program.
2. Applicant must have a cumulative GPA of 2.5 or higher.
3. Applicant must register for a load consistent with program of study.
4. Applicant must demonstrate financial need by providing financial information on the attached form.

Note: The scholarship committee will consider all applications and select the appropriate number of applicants who best meet or exceed the criteria. If there are no qualified applicants, the scholarship will not be awarded. All applicants, successful or unsuccessful, will be notified by mail on or before December 19, 2008. **All funds will be paid directly to the College on behalf of the successful applicant.**

### Requirements: (Please include all information in a single packet and return as requested below)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_ Student # \_\_\_\_\_ E-mail \_\_\_\_\_

To this application form, please staple together all items listed below and return as one package. Materials which are received late or which are incomplete will disqualify the application from consideration.

1. A college transcript (a copy is sufficient).
2. Two letters of reference.
3. A short essay, approximately one page, outlining career plans and how this scholarship could help you achieve your goals.
4. **Application deadline is November 21, 2008.** Mail or hand carry all documents to:

Nursing Faculty Memorial Scholarship  
Financial Aid Office  
Wallace Community College  
1141 Wallace Drive  
Dothan, AL 36303

*If you require any special accommodations under ADA, please let us know.*

**FINANCIAL INFORMATION FOR  
NURSING FACULTY MEMORIAL SCHOLARSHIP**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
street city state zip

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_

NUMBER OF DEPENDENTS (including yourself) IN HOUSEHOLD AND THEIR AGES AND RELATIONSHIP TO YOU \_\_\_\_\_

ARE YOU EMPLOYED: No \_\_\_\_\_ Yes: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

IF EMPLOYED, WHERE \_\_\_\_\_

IF MARRIED, DOES SPOUSE WORK: No \_\_\_\_\_ Yes: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_

APPROXIMATE MONTHLY HOUSEHOLD INCOME AND EXPENSES: (If you are considered a dependent of your parents, please include their information also)

	<u>Your Information</u>	<u>Parents Information</u>
Salary	_____	_____
Government Support (ADC, Food Stamps, SS, etc.)	_____	_____
Parental Support	_____	_____
Other	_____	_____
<b>TOTAL INCOME</b>	_____	_____

**MONTHLY HOUSEHOLD EXPENSES:**

Rent or House Payment	_____	_____
Utilities and Telephone	_____	_____
Medical Expenses	_____	_____
Food	_____	_____
Child Care	_____	_____
Entertainment	_____	_____
Monthly Installments (Loans/credit cards):	_____	_____
	_____	_____
	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____

**HOW MUCH ASSISTANCE FROM THE FOLLOWING SOURCES WILL YOU BE RECEIVING FOR THE SEMESTER IN WHICH YOU ARE APPLYING FOR THE NURSING FACULTY MEMORIAL SCHOLARSHIP:**

Pell Grant \_\_\_\_\_ Work Study \_\_\_\_\_  
Scholarships \_\_\_\_\_ VA \_\_\_\_\_ Other \_\_\_\_\_

**HAVE YOU APPLIED FOR A PELL GRANT FOR THIS SEMESTER?** \_\_\_\_\_

**IF YES, APPLICATION DATE** \_\_\_\_\_

**WILL YOU NEED ASSISTANCE NEXT SEMESTER?** Yes \_\_\_\_\_ No \_\_\_\_\_

**PROGRAM OF STUDY** \_\_\_\_\_ **NUMBER OF HOURS PLANNING TO TAKE** \_\_\_\_\_

**LAST SEMESTER ATTENDED** \_\_\_\_\_ **NUMBER OF SEMESTERS REMAINING** \_\_\_\_\_

**CUMULATIVE GRADE POINT AVERAGE** \_\_\_\_\_

**PROJECTED GRADUATION DATE** \_\_\_\_\_

**WHAT ARE YOU APPLYING FOR?** TUITION \_\_\_\_\_ BOOKS \_\_\_\_\_

**1. WHY ARE YOU IN FINANCIAL NEED? (Be Specific)**

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**2. WHAT ARE YOU DOING TO OVERCOME YOUR FINANCIAL SITUATION?**

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