



## WIREGRASS HOSPICE FOUNDATION SCHOLARSHIP APPLICATION FOR ASSISTANCE

The Wallace Community College Foundation will offer as many as 9 scholarships for Spring Term 2009 for students who have been accepted into a nursing program at Wallace Community College Dothan Campus or Fort Rucker Center and who indicate interest in becoming a Wiregrass Hospice nurse. The Wiregrass Hospice Foundation Scholarship will support tuition, fees and/or books for up to \$1000 per term for each recipient and is renewable when all requirements are met.

### **Qualifications:**

- Applicant must indicate an interest in becoming a Wiregrass Hospice nurse.
- Applicant must be accepted into one of the nursing programs (ADN or LPN) at Wallace Community College prior to applying for scholarship. Students enrolled in the Mobility Program are not eligible.
- Applicant must agree to complete 8 hours of volunteer work at Wiregrass Hospice during or before the first term in order to be considered for second term of assistance.
- Suggested GPA of 2.5 or better.
- Applicant must demonstrate financial need by completing attached form.
- 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, assistance will not be awarded.
- **All funds will be paid directly to the College on behalf of the successful applicant.**

The financial assistance is based on interest in the hospice field, financial need, and ability to succeed in the chosen field. Recipients may be asked to attend Foundation functions, speak to groups about the value of the scholarship, and participate in College and Foundation marketing efforts.

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

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

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

Phone \_\_\_\_\_ Student # \_\_\_\_\_ E-Mail \_\_\_\_\_

To this application form, please attach the 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 transcript from last school attended (a copy is sufficient).
2. Evidence of acceptance into WCC nursing program and completed attached financial need form.
3. Two letters of reference, including one from a Wiregrass Hospice administrator. Please contact the Human Resources Dept. at 334.712.6443 to make an appointment. Identify yourself by name and indicate that you are interested in a Wiregrass Hospice Foundation Scholarship at WCC.
4. A short essay, typed and no more than one page, outlining your knowledge of hospice work or your experience, if any, with a hospice patient.
5. Application deadline is **November 21, 2008**. Mail or hand carry all documents to:

Wiregrass Hospice Foundation Scholarship  
Wallace Community College  
Financial Aid Office  
1141 Wallace Drive  
Dothan, AL 36303

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

**FINANCIAL INFORMATION FOR  
WIREGRASS HOSPICE FOUNDATION SCHOLARSHIP**

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

STUDENT NUMBER \_\_\_\_\_ AGE \_\_\_\_\_

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

NUMBER OF DEPENDENTS (including yourself) IN HOUSEHOLD, 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:**

Salary \_\_\_\_\_

Government Support  
(ADC, Food Stamps, SS, etc.) \_\_\_\_\_

Parental Support \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_

**MONTHLY HOUSEHOLD EXPENSES:**

Rent or House Payment \_\_\_\_\_

Utilities and Telephone \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Food \_\_\_\_\_

Child Care \_\_\_\_\_

Entertainment \_\_\_\_\_

Monthly Installments  
(Loans/credit cards): \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

**HOW MUCH ASSISTANCE FROM THE FOLLOWING SOURCES WILL YOU BE RECEIVING FOR THE SEMESTER IN WHICH YOU ARE APPLYING FOR THE WIREGRASS HOSPICE FOUNDATION 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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