



## APPLICATION FOR SCHOLARSHIP NURSING AND OTHER MEDICAL PROFESSIONS

You **MUST** be accepted into a medical program before you are eligible for a scholarship.

You **DO NOT** qualify for a scholarship if you are taking any prerequisite courses (example: Pre-Nursing, Pre-OT).

**INSTRUCTIONS:** Read and answer every question. Please, write 'N/A' for those items not applicable. **NO APPLICATION WILL BE CONSIDERED UNLESS ALL QUESTIONS ARE ANSWERED AND ALL FACTS ARE DISCLOSED.** This is an annual award and applicants must submit a new application form to Health Focus of Southwest Virginia each year. Also, note that this is a partial scholarship, to be applied to tuition, fees, book supplies and uniforms only. The recipient is responsible for determining if any portion of the scholarship is subject to income tax.

Your application for the 2011-12 academic year **MUST BE POSTMARKED no later than May 15.** Any application postmarked after this date **will not be considered.**

Please return to: Health Focus of Southwest Virginia  
Attn: Scholarship Committee  
1902 Braeburn Drive  
Salem, VA 24153

Questions? Call 540-444-2925 Ext. 202 or email [channah@healthfocusswva.org](mailto:channah@healthfocusswva.org).

To be considered, Health Focus must receive a **COMPLETE APPLICATION PACKET** postmarked by the deadline. A complete application packet consists of the following:

- \_\_\_\_\_ 1. Completed application form (**Pages 1-3**).
- \_\_\_\_\_ 2. Promissory (Financial) Agreement. (**Page 4 - must be signed by you and notarized**).
- \_\_\_\_\_ 3. Confirmation by school administration (**Page 5**).
- \_\_\_\_\_ 4. A copy of your tax return or, **if a dependent, a copy of your parents' tax return**.
- \_\_\_\_\_ 5. A copy of your school's estimated expenses distributed by your Financial Aid Officer (the most current available). **THIS MUST BE INCLUDED WITH YOUR APPLICATION.**
- \_\_\_\_\_ 6. Personal Summary. **Completed on a SEPARATE 8-1/2 x 11" sheet of paper, TYPED.**  
**This summary is very important. Make sure to include all pertinent details.**
- \_\_\_\_\_ 7. **Unofficial transcript** from last completed semester of your current school or the last school attended. Please attach transcript when possible as transcripts sent directly from the schools may not meet the required deadline.
- \_\_\_\_\_ 8. Check or money order for \$25.00 processing fee made payable to Health Focus of Southwest Virginia. There will be no refunds if you are not awarded a scholarship.

### **BEFORE SUBMITTING APPLICATION:**

Make sure your application packet includes **all** of the above items. If any item is missing the application will be deemed incomplete and **will not** be considered.

**\*\*\*\*\*You will be notified of our decision by July 15, 2011\*\*\*\*\***

## PLEASE READ BEFORE FILLING OUT SCHOLARSHIP APPLICATION.

- 1 - Our scholarship awards are based primarily on financial need and potential for completing a health career program.
- 2 - The amount of an award is determined by the expenses to be incurred by the student.
- 3 - The vast majority of funds are awarded to Virginia residents and then to students attending Virginia schools. There are few funds available for others. We have very limited funds available for males.
- 4 - The student is responsible for paying back the **used** portion of the award to Health Focus of Southwest Virginia **ONLY** if he/she does not complete a health-related program. Refer to Promissory Agreement – page 4 of application. **If you are awarded and transfer to another school, you must inform us as soon as possible.** If you are awarded and you skip a semester then you must pay back the used portion of your scholarship award. You may apply each year whether you were awarded or denied before.
- 5 - Your financial aid officer or program administrator is **not** responsible for mailing your completed application. I highly recommend that you do not leave your application with your financial aid officer or program administrator to mail because it is a very busy time for them and it would be easy for your application to get lost or misplaced. You - the student are responsible for meeting the deadline.
- 6 - Make sure you request your transcript in a timely manner. It is best if your transcript is enclosed with your application or mailed directly by you.
- 7 - Students should take their time when filling out this application to make sure every question is answered with 'N/A' for those items not applicable. Handwriting should be legible and a typed personal summary is preferred.
- 8 - **Students will be notified by mail whether awarded or denied.** If awarded, your school will receive a check to deposit into your account. If you are awarded for a full academic year, your school will receive one half of the award in August to apply towards fall semester and the second half of the award in January to apply towards spring semester.
- 9 - You are not eligible to apply for a spring semester scholarship if you received one for the academic year that covers that spring semester. (Example: You are not eligible to apply for the 2010 spring semester scholarship if you were already awarded for 2009-10 academic year.)

**Thank you for your interest in the Health Focus of Southwest Virginia  
Scholarship Program.**

**HEALTH FOCUS OF SOUTHWEST VIRGINIA****APPLICATION FOR SCHOLARSHIP  
NURSING AND OTHER MEDICAL PROFESSIONALS**Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Your Present Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Your Number of Children and their ages; # \_\_\_\_\_ Ages \_\_\_\_\_Present Address \_\_\_\_\_  
Street For How Long?

City State Zip

Telephone Number (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street For How Long?

City State Zip

Telephone Number (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Resident of (**State**) \_\_\_\_\_ Religious Preference \_\_\_\_\_  
(required for processing)Name of Parent or Guardian (**Circle One**) \_\_\_\_\_Address \_\_\_\_\_  
Street City State Zip

Parent or Guardian Telephone Numbers \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of College/Professional School **accepted to or attending** \_\_\_\_\_**Program** to which you have been **currently accepted** \_\_\_\_\_

Entering Academic Year (1st, 2nd, etc.) \_\_\_\_\_ Attending Full/Part Time Anticipated Graduation Date \_\_\_\_\_

Do you wish to receive additional education after completing current program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your proposed future occupation? \_\_\_\_\_

Have you received a scholarship from us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what academic year(s)? \_\_\_\_\_

**EDUCATION:** (Beginning with High School)

<u>Name of Institution</u>	<u>City/State</u>	<u>Dates of Attendance</u>	<u>Major</u>	<u>Graduation Date</u>	<u>Degree</u>

**AWARDS OR RECOGNITION:**

\_\_\_\_\_  
\_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS AND OFFICES HELD IN YOUR SCHOOL OR COMMUNITY:**

\_\_\_\_\_  
\_\_\_\_\_

**GRADE POINT AVERAGE (TO DATE):** Transcript of last school attended **must** be included in application.

High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

I am in need of financial assistance to begin \_\_\_\_\_ or continue \_\_\_\_\_ school.

**WHILE** a student, I *will* **OR** *will not* be employed. If so, *full time* **OR** *part-time*.  
(circle one) (circle one)

My place of employment will be \_\_\_\_\_

My current place of employment is \_\_\_\_\_

**PERSONAL SUMMARY:** (Completed on a **SEPARATE 8 ½ x 11”** sheet of paper)

Explain why you chose this field and why you need scholarship assistance. Include any unusual circumstances which relate to your need for financial assistance especially changes from tax returns. Add any information important for the Scholarship Committee to consider. It is preferred that this be typed.

Did you file a personal tax return for the prior year? Yes \_\_\_\_\_ No \_\_\_\_\_ **IF YES, attach copy of your personal tax return (NOT JUST W-2). IF NOT, EXPLAIN. If a dependent, a copy of your parent’s tax return must be enclosed.**

\_\_\_\_\_  
\_\_\_\_\_

It is okay to release my name to the media as recipient of a scholarship award. Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL FINANCES AND RESOURCES:**

YOU **MUST** ATTACH A COPY OF YOUR, YOUR SPOUSE'S OR YOUR PARENTS' TAX RETURNS Form 1040A, 1040 EZ or 1040.

**Many institutions have estimates of expenses for resident and commuter students. Please, contact your Financial Aid Officer or Program Administrator and attach a copy of the estimated expenses that will apply to your curriculum.**

**EXPENSES FOR ACADEMIC YEAR:** from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Total estimated expenses for student as a: State Resident \_\_\_\_\_ Non Resident \_\_\_\_\_

Tuition and Fees \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_

Books and Expenses \_\_\_\_\_

Uniforms and Instruments \_\_\_\_\_

Room and Board (if Applicable) \_\_\_\_\_

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

**RESOURCES FOR ACADEMIC YEAR:** from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Resources from Parents:

Food and Shelter supplied? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages of Brother(s) / Sister(s) \_\_\_\_\_

Money supplied – Parents and Other Family \$ \_\_\_\_\_

If dependent on Parents, give gross income (Required) \_\_\_\_\_

Spouse's gross income \_\_\_\_\_

Savings \_\_\_\_\_

Your Anticipated Annual Earnings \_\_\_\_\_

Social Security Benefits, TANF, or Other Government Funds \_\_\_\_\_

Alimony / Child Support \_\_\_\_\_

Trust Funds, College, Custodial Accounts \_\_\_\_\_

<u>Scholarships/Grants Applied For:</u>	<u>Date Applied</u>	<u>Amount Applied For</u>	<u>Pending or Rec'd</u>
____ Federal Pell Grant	_____	_____	_____
____ Federal Supplemental Educational Opportunity Grant	_____	_____	_____
____ Other Aid	_____	_____	_____

<u>Federal Loans Applied For:</u>	<u>Date Applied</u>	<u>Amount Applied For</u>	<u>Pending or Rec'd</u>
____ <b>Stafford</b>	_____	_____	_____
____ <b>Plus</b>	_____	_____	_____
____ <b>Perkins</b>	_____	_____	_____

# PROMISSORY AGREEMENT

## TO BE COMPLETED BY STUDENT

I, \_\_\_\_\_, ON ACCEPTING THE SCHOLARSHIP AWARD from Health Focus of Southwest Virginia, understand these monies may be used for tuition, fees, book supplies and uniforms only, the award being directed to the school.

At the present time, I plan to complete a health-related program. If I do not complete the program, I promise to refund the amount used to Health Focus of Southwest Virginia by immediately starting monthly payments until the total balance is paid in full. I understand I have either one or two years to pay the balance in full depending on the total balance due. I also understand that an annual interest charge may occur if we do not receive payments on a monthly basis. Upon withdrawal from the program, I promise to notify Health Focus and make arrangements for repayment of this amount. I further understand that if I do not fulfill my obligation to repay the balance due as described above, Health Focus may require full payment of total unpaid balance upon demand. Health Focus may take any necessary steps to enforce collection of these monies, and I will be responsible for collection costs.

Since Health Focus is interested in my progress and must account for the status of scholarship students, I hereby give permission for the Registrar or the Financial Aid Officer to release my grades and status to Health Focus.

I hereby acknowledge that the information submitted herewith is complete and correct, and I fully understand my obligations incurred by the granting of my scholarship and conditions of repayment.

**(Students – you MUST sign this in front of a notary and then they will fill out the rest of the information and sign their name)**

**Student:**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Notary:**

In the city / county of \_\_\_\_\_ in the state of \_\_\_\_\_

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, in this my city and state before mentioned.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL ADMINISTRATION (Program Administrator or Financial Aid Officer)**

The school administration confirms that \_\_\_\_\_ (name of student) is accepted into a program of study in the health field. The school administration agrees to supervise and properly account for the funds in the education of the above-signed student.

**In addition, the school administration will release grades (satisfactory or unsatisfactory) and status of the above-signed student to Health Focus of Southwest Virginia. A status report will be sent to your school once a year for current status on each student awarded.**

**We recommend that you make a copy of this page for future reference and it should be kept on file until the student graduates.**

College/Professional School: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

**Program Administrator or Financial Aid Officer**

Please circle one: Program Administrator / Financial Aid Officer

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

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_