



Alene Holloway Registered Nurse (“RN”) Scholarship Application

APPLYING FOR SCHOLARSHIP:
(CHOOSE ONE)

- Initial Application
 Renewal Application

ACADEMIC SESSION(S) APPLYING FOR SCHOLARSHIP:
(CHOOSE ONE)

- Fall Winter Summer Academic Year: _____

NAME:

HOME ADDRESS:

PHONE NUMBER:

U.S. CITIZEN:

Yes

No

CURRENTLY EMPLOYED AT SPARTA COMMUNITY HOSPITAL DISTRICT:

Yes

No

IF YES:

- Part Time
 Full Time

CURRENT POSITION:

CURRENT DEPARTMENT:

RN PROGRAM YOU PLAN TO ATTEND:

- ADN BSN

ANTICIPATED GRADUATION DATE:

ACADEMIC INSTITUTION YOU PLAN TO ATTEND:

The following **MUST** be attached to this scholarship application:

1. Letter of acceptance to the RN Program
2. Personal letter expressing your interest in this scholarship and passion for nursing
3. List of any other financial aid awarded

I certify that the information given above, which you are authorized to verify, is true and correct and I agree to notify the Health and Wellness Foundation, Inc. of any material changes in facts.

I certify that this scholarship shall not be used for any purpose other than for the cost of tuition for the RN Program. I understand that the award will be paid directly to the academic institution for the academic period covered by this application.

SIGNATURE OF APPLICANT:

DATE:
