



VISITING NURSES FOUNDATION Scholarship Application

222 S. Pearl St.
Centralia, WA 98531
360-623-1560 Fax: 360-623-1563
www.VisitingNursesFoundation.org

Applicant Information

Last Name _____ First Name _____ M.I. _____ Date of Birth _____

Telephone _____ Cell Phone _____ Email Address _____

Permanent Address _____

Street _____ City _____ State _____ Zip _____

What school are you currently attending? _____

What is your cumulative GPA? _____

What course of study do you plan to follow in college/trade school? _____

Why have you selected this course of study? _____

List schools to which you have applied: _____

To which schools have you been accepted? _____

Which school do you plan to attend? _____

Our mission is to create funding for education and assistance of Home Health & Hospice patients and their families.

In one or two sentences, describe your career goal: _____

Are there any other factors in your life or educational history that the committee should be aware of that demonstrate exceptional need or promise in your education plans? _____

Please provide an essay in at least 800 words that discusses an activity or service and how it has prepared you for your career path. _____

Please provide one reference in writing from your college professor, school counselor or teacher.

PERSONAL REFERENCES:

1. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

I verify that I have completed this application myself and understand that incomplete applications will not be accepted.

Print Name: _____

Signature: _____

**THANK YOU FOR APPLYING AT
THE VISITING NURSES FOUNDATION!**